2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49582

Entity Name: HOWARD PHYSICAL THERAPY CLINIC, P.A.

FILED Apr 24, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

% BRUCE HOWARD 2340 NE 2ND STREET, SUITE 500 OCALA, FL 34470

Current Mailing Address: New Mailing Address:

% BRUCE HOWARD 2340 NE 2ND STREET, SUITE 500 OCALA, FL 34470

FEI Number: 59-2517896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWARD, BRUCE B 2340 NE 2ND STREET SUITE 500 OCALA, FL 34470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HOWARD,BRUCE,
 Name:
 HOWARD,BRUCE,

 Address:
 2340 NE 2ND ST, #500
 Address:
 2340 NE 2ND ST, #500

 City-St-Zip:
 OCALA, FL
 OCALA, FL
 34470

Title: V () Delete Title: V (X) Change () Addition

 Name:
 HOWARD, NADENE,
 Name:
 HOWARD, NADENE,

 Address:
 2340 NE 2ND ST, #500
 Address:
 2340 NE 2ND ST, #500

 City-St-Zip:
 OCALA, FL
 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE B. HOWARD P 04/24/2005