


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90073 049 \*\*\*150.00

<b>DOCUMENT # J43414</b> 1. Entity Name PALM BEACH PHYSICAL THERAPY, INC.					
Principal Place of Business <del>XXXXXX</del> 6313 S DIXIE HWY WEST PALM BEACH, FL 33405 US			Mailing Address <del>XXXXXX</del> 6313 S DIXIE HWY WEST PALM BEACH, FL 33405 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0203572			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01092004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  JURI, USBER A 6313 S DIXIE HWY WEST PALM BEACH, FL 33405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JURI, USBER A 6319 S. DIXIE HWY. WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISON, NOEL S 6319 S. DIXIE HWY. WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Maritza Juri 6319 South Dixie Highway West Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/2004 561-588-5505 <small>Date Daytime Phone #</small>		

Attachment

J43414

**SPARLER & SPARLER, P.A.**  
ATTORNEYS AT LAW

Howard J. Sparler, II  
Sylvia Alarcon Sparler

4200 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FLORIDA 33405

(561) 655-9400

January 14, 2004

Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2004 For Profit Corp. Annual Report for Palm Beach Physical Therapy, Inc.

Dear Sir/Madame:

Enclosed please find 2004 For Profit Corporation Annual Report for Palm Beach Physical Therapy, Inc.

In addition, enclosed please find our check for \$150.00 to cover the costs of the above-referenced registration.

If you have any questions regarding the above-referenced matter, please do not hesitate to contact me at your earliest convenience.

Very truly yours,



SYLVIA ALARCON SPARLER

SAS/mv.

Enclosures