

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62511

FILED  
Jul 06, 2004  
Secretary of State

**Entity Name:** PLAZA PHYSICAL THERAPY AND REHABILITATION, INC.

**Current Principal Place of Business:**

1111 12TH STREET  
SUITE 203  
KEY WEST, FL 33040

**New Principal Place of Business:**

1605 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

**Current Mailing Address:**

1111 12TH ST  
SUITE 112  
KEY WEST, FL 33040 US

**New Mailing Address:**

1605 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040 US

**FEI Number:** 59-2804470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKWOOD, ROBIN  
1111 12TH ST  
STE 112  
KEY WEST, FL 33040 US

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

LOCKWOOD, ROBIN  
1605 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040 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:

07/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOCKWOOD, JOHN M.,  
Address: 1111 12TH ST. #203  
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete  
Name: LOCKWOOD, ROBIN ROY,  
Address: 1111 12TH ST. #203  
City-St-Zip: KEY WEST, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBIN LOCKWOOD

D

07/06/2004

Electronic Signature of Signing Officer or Director

Date