

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10035

FILED  
Feb 04, 2004  
Secretary of State

**Entity Name:** DADELAND PHYSICAL THERAPY AND SPORTS MEDICINE, INC.

**Current Principal Place of Business:**

7400 N. KENDALL DR. #101  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7400 N. KENDALL DR. #101  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0031675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHARTOR, JOHN  
7400 N KENDALL DR #212  
MIAMI, FL 33156

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

CHARTOR, JOHN  
7400 N KENDALL DR #101  
MIAMI, FL 33156

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

02/04/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHARTOR, JOHN,  
Address: 7400 N KENDALL DR., #212  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: CHARTOR, HANNAH,  
Address: 7400 N. KENDALL #212  
City-St-Zip: MIAMI, FL

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

Title: PD (X) Change ( ) Addition  
Name: CHARTOR, JOHN,  
Address: 7400 N KENDALL DR., #101  
City-St-Zip: MIAMI, FL

Title: S (X) Change ( ) Addition  
Name: CHARTOR, HANNAH,  
Address: 7400 N. KENDALL #101  
City-St-Zip: MIAMI, FL

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: JOHN S. CHARTOR

Electronic Signature of Signing Officer or Director

PD

02/04/2004

Date