2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# K38314

Entity Name: REGIONAL PHYSIOTHERAPY CENTRE, INC.

Current Principal Place of Business:

% PAUL J. NICOLETTI
313 10TH ST.
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

313 TENTH STREET
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

PO BOX 20077
WEST PALM BEACH, FL 334160077

New Mailing Address:

313 TENTH STREET
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0079563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLETTI, PAUL J.
946 S. PATRICK CIRCLE
WEST PALM BEACH, FL 334064476 US

Name and Address of New Registered Agent:

NICOLETTI, PAUL J
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 334014025 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: PAUL J. NICOLETTI 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NICOLETTI, PAULA P.,
Address: 946 SOUTH PATRICK CIRCLE
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NICOLETTI, PAULA P
Address: 313 TENTH STREET
City-St-Zip: W PALM BEACH, FL 33401

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: PAULA P. NICOLETTI PRES 04/28/2005
Electronic Signature of Signing Officer or Director Date