2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# K53506

Entity Name: KERR PHYSICAL THERAPY, INC.

Current Principal Place of Business:

451 RIVERSIDE DR.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

451 RIVERSIDE DR.
453 RIVERSIDE DR.,STE. 2
STUART, FL 34994

New Mailing Address:

451 RIVERSIDE DR.
STUART, FL 34994

FEI Number: 65-0098636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERR, DONALD JAMES
453 RIVERSIDE DR.
SUITE 2
STUART, FL 34994 US

Name and Address of New Registered Agent:

SCHRAMM, CRAIG W
451 RIVERSIDE DR.
STUART, FL 34994 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: CRAIG W. SCHRAMM 04/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KERR, DONALD JAMES,
Address: 45 RIVERSIDE, STE 2
City-St-Zip: STUART, FL

Title: VP ( ) Delete
Name: KERR, SCOTT, MICHAEL,
Address: 45 RIVERSIDE DR STE 2
City-St-Zip: STUART, FL

Title: S (X) Delete
Name: KERR, ROBERTA
Address: 45 RIVERSIDE DR STE 2
City-St-Zip: STUART, FL 34994

Title: T (X) Delete
Name: KERR, AMY
Address: 45 RIVERSIDE DR STE 2
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHRAMM, CRAIG W
Address: 451 RIVERSIDE DR
City-St-Zip: STUART, FL 34994

Title: S (X) Change ( ) Addition
Name: SCHRAMM, CRAIG W
Address: 451 RIVERSIDE DR
City-St-Zip: STUART, FL 34994

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 Chapter 119, 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: CRAIG W. SCHRAMM P 04/26/2006
Electronic Signature of Signing Officer or Director Date