

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55264

FILED  
Mar 30, 2004  
Secretary of State

**Entity Name:** PHYSICAL HEALTH AND REHABILITATION, INC.

**Current Principal Place of Business:**

1002 WEST S.R. 436, SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

1002 WEST S.R. 436,  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

P.O. BOX 1898  
MT. DORA, FL 32756 US

**New Mailing Address:**

**FEI Number:** 59-2922971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, DAVID J  
1002 WEST S.R. 436, SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 US

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

BENNETT, DAVID J  
1002 WEST S.R. 436,  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 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:

03/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: BENNETT, DAVID J  
Address: P.O. BOX 1898  
City-St-Zip: MOUNT DORA, FL 32757 US

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

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: DAVID J. BENNETT

DR.

03/30/2004

Electronic Signature of Signing Officer or Director

Date