2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# L32742

Entity Name: SUNCOAST PHYSICAL TRAINING AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

6170 ULMERTON RD
STE 103
CLEARWATER, FL 34624 US

New Principal Place of Business:

6170 ULMERTON RD
STE 103
CLEARWATER, FL 33760 US

Current Mailing Address:

P O BOX 6813
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2982214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ALLEN D
6170 ULMERTON ROAD
STE 103
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: RPT ( ) Delete
Name: JONES, D. A
Address: 6170 ULMERTON ROAD #103
City-St-Zip: CLEARWATER, FL

Title: RPT ( ) Delete
Name: JONES, ALLEN D
Address: 6170 ULMERTON ROAD #103
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RPT (X) Change ( ) Addition
Name: JONES, D. A
Address: 6170 ULMERTON ROAD #103
City-St-Zip: CLEARWATER, FL 33760 US

Title: RPT (X) Change ( ) Addition
Name: JONES, ALLEN D
Address: 6170 ULMERTON ROAD #103
City-St-Zip: CLEARWATER, FL 33760 US

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: D. ALLEN JONES, R.P.T. MR 02/15/2005

Electronic Signature of Signing Officer or Director Date