

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30764

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: AMERICAN PHYSICAL THERAPY SERVICES, INC.

## Current Principal Place of Business:

400 N HIATUS RD  
201  
PEMBROKE PINES, FL 33026 US

## New Principal Place of Business:

3349 N UNIVERSITY DRIVE  
4  
DAVIE, FL 33024 US

## Current Mailing Address:

POBOX 350095  
FT LAUDERDALE, FL 33335 US

## New Mailing Address:

FEI Number: 59-2682103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHMAD, MALIK N.  
400 N HIATUS RD  
201  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

AHMAD, MALIK N.  
3349 N UNIVERSITY DRIVE  
4  
DAVIE, FL 33024 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: MALIK N AHMAD

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AHMAD, MALIK N.,  
Address: 200 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AHMAD, MALIK N.,  
Address: 3349 N UNIVERSITY DRIVE # 4  
City-St-Zip: DAVIE, FL 33024

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: MALIK N AHMAD

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date