2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# P00000027805

Entity Name: BLK PHYSICAL THERAPY INC.

Current Principal Place of Business:

5181 PRAIRIE DUNES VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

10640 OAK MEADOW LANE
LAKE WORTH, FL 33467

Current Mailing Address:

5181 PRAIRIE DUNES VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

10640 OAK MEADOW LANE
LAKE WORTH, FL 33467

FEI Number: 65-0995101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLNICK, BRETT L
5181 PRAIRIE DUNES VILLAGE CIRCLE
LAKE WORTH, FL 33463

Name and Address of New Registered Agent:

KOLNICK, BRETT L
10640 OAK MEADOW LANE
LAKE WORTH, FL 33467

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: 07/06/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOLNICK, BRETT L
Address: 5181 PRAIRIE DUNES VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOLNICK, BRETT L
Address: 10640 OAK MEADOW LANE
City-St-Zip: LAKE WORTH, FL 33467

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: BRETT L. KOLNICK MSPT 07/06/2004
Electronic Signature of Signing Officer or Director — Date