

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035890

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** ALLIANCE PHYSICAL THERAPY & REHABILITATION, INC.

**Current Principal Place of Business:**

4711 SCENIC HIGHWAY  
SUITE 3  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

4711 SCENIC HIGHWAY  
SUITE 3  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 59-3636069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATES, BENJAMIN F  
4711 SCENIC HIGHWAY  
SUITE 3  
PENSACOLA, FL 32504 US

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

BATES, BENJAMIN F  
1514 N. 9TH AVENUE  
PENSACOLA, FL 32503 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:**

03/31/2005

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PS ( ) Delete  
**Name:** BATES, BENJAMIN F  
**Address:** 4711 SCENIC HIGHWAY  
**City-St-Zip:** PENSACOLA, FL 32504

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

**Title:** PS (X) Change ( ) Addition  
**Name:** BATES, BENJAMIN F  
**Address:** 1514 N. 9TH AVENUE  
**City-St-Zip:** PENSACOLA, FL 32503

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:** BENJAMIN F. BATES

P

03/31/2005

Electronic Signature of Signing Officer or Director

Date