

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035890

FILED
Jan 24, 2006
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:

1514 NORTH 9TH AVENUE
PENSACOLA, FL 32503

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
1514 N. 9TH AVENUE
PENSACOLA, FL 32503 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: PS () Delete
Name: BATES, BENJAMIN F
Address: 1514 N. 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BELL, JAYNE CPA
Address: 1514 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Change (X) Addition
Name: FREEMAN, MONICA M RPT
Address: 4711 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, PH.D.

P/S

01/24/2006

Electronic Signature of Signing Officer or Director

Date