


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000039374 1. Entity Name PERFORMANCE PHYSICAL THERAPY, INC.	
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Principal Place of Business 1650 U.S. 1 SOUTH, STE. A SAINT AUGUSTINE, FL 32084 US	Mailing Address 1650 U.S. 1 SOUTH, STE. A SAINT AUGUSTINE, FL 32084 US
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**DO NOT WRITE IN THIS SPACE**

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3643610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HASELTINE, KAREN LEE 1650 U.S. 1 SOUTH, STE. A SAINT AUGUSTINE, FL 32084	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111327 04/13/04 86012 020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HASELTINE, KAREN L 1650 US 1 SOUTH SUITE A SAINT AUGUSTINE, FL 32084
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  4/8/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #