2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# P00000039374

Entity Name: PERFORMANCE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1650 U.S. 1 SOUTH, STE. A
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1650 U.S. 1 SOUTH, STE. A
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3643610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASELTINE, KAREN LEE
1650 U.S. 1 SOUTH, STE. A
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

THOMPSON, WILLIAM L JR.PA
1590 ISLAND LANE
SUITE 26
ORANGE PARK, FL 32003 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: WILLIAM L THOMPSON 02/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HASELTINE, KAREN L
Address: 1650 US 1 SOUTH SUITE A
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KAREN L. HASLETINE CEO 02/14/2005
Electronic Signature of Signing Officer or Director Date