2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# P00000095033

Entity Name: TROPICAL PHYSICAL THERAPY CORPORATION

Current Principal Place of Business:

10491 N. KENDALL DRIVE
F-201
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10491 N. KENDALL DRIVE
F-201
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1046089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGUEIRA, RAMON
926 S.W. 119TH PLACE
MIAMI, FL 33184

Name and Address of New Registered Agent:

REGUEIRA, RAMON
10491 N. KENDALL DRIVE
F-201
MIAMI, FL 33176

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: 01/21/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REGUEIRA, RAMON
Address: 10491 N. KENDALL DRIVE, SUITE F-201
City-St-Zip: MIAMI, FL 33176

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: RAMON REGUEIRA PD 01/21/2004
Electronic Signature of Signing Officer or Director — Date