2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P01000007954

Entity Name: SUE LEWIS PHYSICAL THERAPIST, INC.

Current Principal Place of Business:

9923 SOUTH WEST 2ND PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

4410 NEWBERRY ROAD SUITE A4
GAINESVILLE, FL 32607

Current Mailing Address:

9923 SOUTH WEST 2ND PLACE
GAINESVILLE, FL 32607

New Mailing Address:

4410 NEWBERRY ROAD SUITE A4
GAINESVILLE, FL 32607

FEI Number: 59-3724669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEA, JOHN JR
630 S ORANGE AVENUE
SARASOTA, FL 34236

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: D ( ) Delete
Name: LEWIS, SUSAN
Address: 9923 SOUTH WEST 2ND PLACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEWIS, SUSAN
Address: 4410 NEWBERRY ROAD SUITE A4
City-St-Zip: GAINESVILLE, FL 32607

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: SUSAN LEWIS D 04/21/2004

Electronic Signature of Signing Officer or Director — Date