


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90010 050 ***150.00

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| DOCUMENT # P01000046384 1. Entry Name FREEWHEELING, INC. |  |
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| Principal Place of Business MIAMI PHYSICAL THERAPY, INC. 2869 SW 27TH AVE MIAMI, FL 33133 | Mailing Address MIAMI PHYSICAL THERAPY, INC. 2869 SW 27TH AVE MIAMI, FL 33133 |
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94018308



01282004 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-1102227 | Applies For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HIBNER, ROBERT C
 MIAMI PHYSICAL THERAPY, INC.
 2869 SW 27 AVE
 MIAMI, FL 33133

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6. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ROBIN 2869 SW 27 AVE MIAMI, FL 33133 |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robin Smith* 2-13-04 305-444-0074
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #