
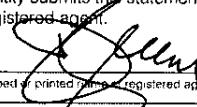
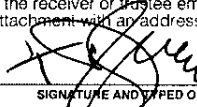


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 014 ***150.00

DOCUMENT # P01000057357 1. Entity Name PHYSICAL THERAPY PROFESSIONALS & ASSOCIATES INC.					
Principal Place of Business 4 OFFICE PARK DR., POD 1 PALM COAST, FL 32137		Mailing Address 4 OFFICE PARK DR., POD 1 PALM COAST, FL 32137			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3718586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		07052004 Chg-P CR2E034 (10/03)			
Not Applicable					
6. Name and Address of Current Registered Agent JOHNS, MILTON 56401 TIMUQUANA RD JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name: EMELDA DINOPOL Street Address (P.O. Box Number is Not Acceptable): 4 OFFICE PARK DR POD 1 City: PALM COAST FL FL Zip Code: 32137		
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: 		DATE: 7/09/04			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINOPOL, EMELDA	NAME			
STREET ADDRESS	4 OFFICE PARK DR POD 1	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARIANO, CORNELIA	NAME			
STREET ADDRESS	4 OFFICE PARK DR POD 1	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		DATE: 7/09/04		(386) 447-7824	
Signature, typed or printed name of signing officer or director		Date		Daytime Phone #	

Attachment

44048687
#PO 10005 1735

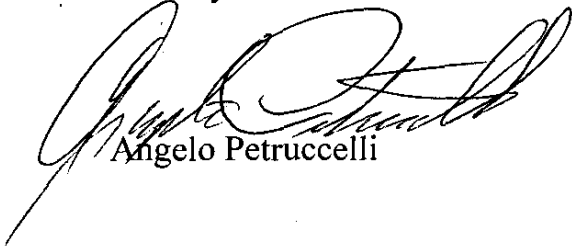
MANDARIN TAX & ACCOUNTING INC
12708 SAN JOSE BLVD STE 1D
JACKSONVILLE, FL 32223
904-571-1947

Division of Corporations
State of Florida

To Whom It May Concern:

Please accept this check for 150.00 for the renewal for Physical Therapy Professionals & Associates Inc. They did not receive the post card that was sent out by the state of Florida. Evidently they were not aware to the new system. If there are any questions please feel free to call me.

Thank you:



Angelo Petruccelli