2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P01000069550

Entity Name: PREVENTION PHYSICAL THERAPY INCORPORATED

Current Principal Place of Business:

16149 EMERALD COVE ROAD
WESTON, FL 33331

New Principal Place of Business:

14700 SW 29TH PLACE
DAVIE, FL 33330

Current Mailing Address:

16149 EMERALD COVE ROAD
WESTON, FL 33331

New Mailing Address:

14700 SW 29TH PLACE
DAVIE, FL 33330

FEI Number: 65-1127249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, PRESTON DR.
16149 EMERALD COVE ROAD
WESTON, FL 33331 US

Name and Address of New Registered Agent:

OLSON, PRESTON DR.
14700 SW 29TH PLACE
DAVIE, FL 33330 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: PRESTON OLSON 01/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: OLSON, PRESTON R DR.
Address: 16149 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: OLSON, PRESTON R DR.
Address: 14700 SW 29TH PLACE
City-St-Zip: DAVIE, FL 33330 US

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: PRESTON OLSON CEO 01/14/2005
Electronic Signature of Signing Officer or Director Date