

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087210

FILED
Sep 23, 2004
Secretary of State

Entity Name: SMITH PHYSICAL THERAPY REHABILITATION CORP.

Current Principal Place of Business:

1631 SW 32ND AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1631 SW 32ND AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1136086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, OSVALDO P
1637 SW 32 AVE.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PENA, MICHAEL
1631 SW 32 AVE.
MIAMI, FL 33145 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: MICHAEL PENA

09/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDRADE, OSVALDO P
Address: 1631 SW 32ND AVE.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: PENA, MICHAEL
Address: 1631 SW 32ND AVE.
City-St-Zip: MIAMI, FL 33145

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: MICHAEL PENA

PDS

09/23/2004

Electronic Signature of Signing Officer or Director

Date