2005 FOR PROFIT CORPOPATION ANNUAL REPORT

7/8/2005-90024-027-\$150.00-\$150.00

FILED

	MENT # P01000087						J	
1. Entity Name SMITH PHYSICAL THERAPY REHABILATION CORP.					}	05 、	JUL 28 AM	11:54
Principal Place	of Business			1	SEU	KE DARY OF AHASSEE, F	STATE	
1631 SW 32ND AVE		1631 SW 32ND AVE			ļ	TALL	AHASSEE, F	LORIDA
MIAMI, FL 33145 MIAMI, FL 33145								
	 							
2. Principal Place of Business		3. Mailing Address				EPHPF/IIFII EEHA STHI PT	THE BUTTO FRANCISCO CONTRACTOR OF THE STATE	11 \$171 F41 # 1501
Suite, Apt. #, etc.		Suite, Apl. #, etc.			06302005	Chg-P	CR2E034 (10/0	
City & State		City & State			4. FEI Number 65-113		-	Applied For Not Applicable
Zip Country		Zip	Zip Country		 	of Status Desired		Additional
6, Name and Address of Current		t Registered Agent	stered Agent		7. Name and	Address of New I	Fee Req	12/60
		Name						
PENA, MICHAEL 1631 SW 32 AVE.				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33145								
				City			FL Zip (Code
9. The shows	named antity submits this statement (
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								
	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Regimen	ed Agent signatum require	d when reinstating)		DATE	
FILE NOVIII FEE IS \$150.00 9. Election Campaign Fin Due by September 7, 2005 Trust Fund Contribution					.00 May Be ded to Fees	In accordance corporation did	with s. 607.193(2) I not receive the pri	b), F.S., the lor notice.
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PDS PENA, MICHAEL	C) Delete	TTL MAA	_			Cher	nge 🛄 Addition
STREET ADDRESS	1631 SW 32ND AVE.		SITE	EE1 ADORESS				
CTTY-\$1-20°	MIAMI, FL 33145	<u> </u>		-SI-20P			57.0	
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NAME			NAM	ľ				
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CITY-SI-ZIP				-SI-ZIP		/ \ \	W	
ILLITE		☐ Delete	lin	1			Chen	ge 🗌 Addition
NAME STREET ADORESS	$\wedge \wedge$		NAM Stri	E Et adoress		1//	()	
CITY-ST-ZP			ĊITY	-ST-ZIP	. ,		~	
12. haraby of indicated	entity that the information supplied with on this report or supplied mental months.	h this lifting does not quality to	the exe	mption stated in Se	same tensi effec	i), Florida Statutes.	I further certify that the	ne information
12. I heroby 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 supplied in the same logal effect as if made under cert, that I am an officer or director of the corporation or the require left to the corporation or the required to oxocute 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 officers, with all other like empowered.								
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SIGNATURE: _