

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095253

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: PRIME PHYSICAL THERAPY INC.

## Current Principal Place of Business:

7815 N. DALE MABRY HWY  
SUITE 106  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 272689  
TAMPA, FL 336882689

## New Mailing Address:

FEI Number: 52-2344261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ROBIN  
3316 STONEMAN LOOP  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

JOHNSON, ROBIN  
3316 STONEMAN LOOP  
LAND O LAKES, FL 34638 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: ROBIN JOHNSON

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHNSON, ROBIN  
Address: 3316 STONEMAN COOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete  
Name: DORIS, KEVIN  
Address: 15004 BARBY AVE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JOHNSON, ROBIN  
Address: 3316 STONEMAN COOP  
City-St-Zip: LAND O LAKES, FL 34638

Title: D (X) Change ( ) Addition  
Name: DORIS, KEVIN  
Address: 4205 MAST COURT  
City-St-Zip: LAND O LAKES, FL 34639

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: KEVIN DORIS

OWNE

03/03/2005

Electronic Signature of Signing Officer or Director

Date