## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 02, 2004 08:00 AM Secretary of State **DOCUMENT # P02000004915** 1. Entity Name CARROLL PHYSICAL THERAPY, INC. Principal Place of Business Mailing Address 6097 SPRING ISLES BLVD 6097 SPRING ISLES BLVD LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 No Chg-P 03272004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0557646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARROLL, TERANCE D DO NOT WRITE 6097 SPRING ISLES BLVD LAKE WORTH, FL 33463 IN THIS SPACE 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 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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð TITLE CARROLL, TERANCE D NAME STREET ADDRESS 6097 SPRING ISLES BLVD CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.777NAME

12. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS

Terance D Parroll 03/18/2004 561-965-7928