2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P02000089276

Entity Name: NATIONS PHYSICAL THERAPY INC.

Current Principal Place of Business:

9100 SW 24TH ST, #6
MIAMI, FL 33165

New Principal Place of Business:

2590 SW 107TH AVENUE
MIAMI, FL 33165

Current Mailing Address:

9100 SW 24TH ST, #6
MIAMI, FL 33165

New Mailing Address:

2590 SW 107TH AVENUE
MIAMI, FL 33165

FEI Number: 71-0900347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, WILLIAM
8712 NW 109 TERR
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

LOPEZ, WILLIAM
3041 SW 92 CT
MIAMI, FL 33165 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: _____ 04/20/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: LOPEZ, WILLIAM
Address: 9100 SW 24TH ST, #6
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete
Name: SENTI, MOISES
Address: 9100 SW 24 ST., #6
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change ( ) Addition
Name: LOPEZ, WILLIAM
Address: 2590 SW 107TH AVENUE
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change ( ) Addition
Name: SENTI, MOISES
Address: 2590 SW 107TH AVENUE
City-St-Zip: MIAMI, FL 33165

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: MOISES SENTI VP 04/20/2005
Electronic Signature of Signing Officer or Director — Date