

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117059

Entity Name: EFFECTIVE PHYSICAL THERAPY, INC.

FILED  
Apr 13, 2005  
Secretary of State

## Current Principal Place of Business:

4887 LEHTO LANE  
LAKE WORTH, FL 33461

## New Principal Place of Business:

## Current Mailing Address:

4887 LEHTO LANE  
LAKE WORTH, FL 33461

## New Mailing Address:

FEI Number: 51-0434399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

VILLA, ANGELA  
7761 NEMEC DRIVE SOUTH  
LAKE CLARKE SHORES, FL 33406 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: ANGELA VILLA

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: MIRANDA, FERNANDO  
Address: 7761 NEMEC DRIVE S.,  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: MIRANDA, FERNANDO  
Address: 4887 LEHTO LANE  
City-St-Zip: LAKE WORTH, FL 33461

Title: T ( ) Change (X) Addition  
Name: MIRANDA, MARTHA  
Address: 4887 LEHTO LANE  
City-St-Zip: LAKE WORTH, FL 33461

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: FERNANDO MIRANDA

DPS

04/13/2005

Electronic Signature of Signing Officer or Director

Date