


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90723 028 ***150.00

DOCUMENT # P02000129790		
1. Entity Name MOBILE PHYSICAL THERAPY, INC.		
Principal Place of Business 310 HOLLY AVE. PORT ST. LUCIE, FL 34952		Mailing Address 310 HOLLY AVE. PORT ST. LUCIE, FL 34952



2. Principal Place of Business		3. Mailing Address		01292004	Chg-P	CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 02-0655836			Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DEETS, ^{BARRY} BARAY M 7000 SE FEDERAL HWY, SUITE 310 STUART, FL 34997				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OREO, ELIZABETH A 310 HOLLY AVE. PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OREO, BRUCE J 310 HOLLY AVE. PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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: Elizabeth A Oreo 1/30/04 772 528-2348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #