

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129790

**FILED**  
**Jan 31, 2005**  
**Secretary of State**

**Entity Name:** MOBILE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

310 HOLLY AVE.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

814 SW GLENVIEW COURT  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

310 HOLLY AVE.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

814 SW GLENVIEW COURT  
PORT ST. LUCIE, FL 34953

**FEI Number:** 02-0655836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEETS, BARRY M  
7000 SE FEDERAL HWY, SUITE 310  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

DEETS, BARRY M  
2061 SE CROWBERRY DR.  
PORT ST. LUCIE, FL 34983 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/31/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OREO, ELIZABETH A  
Address: 310 HOLLY AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST ( ) Delete  
Name: OREO, BRUCE J  
Address: 310 HOLLY AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELIZABETH A. OREO

Electronic Signature of Signing Officer or Director

PD

01/31/2005

Date