FILED
May 27, 2004 8:00 am
Secretary of State

04-28-2004 90196 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007817

1. Entity Name
ALEX LAGE PHYSICAL THERAPY INC.

66424354

Principal Place of Business	Mailing Address
~~9032 SW 142 AVE.~~	~~9032 SW 142 AVE.~~
~~STE. 520~~	~~STE. 520~~
~~MIAMI, FL 33186~~	~~MIAMI, FL 33186~~

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
14840 SW 104th ST		14840 SW 104th ST	
Suite, Apt. #, etc. Unit 76		Suite, Apt. #, etc. Unit 76	
City & State Miami, FL		City & State Miami, FL	
Zip 33196	Country USA	Zip 33194	Country USA

4. FEI Number 41-2075691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGE, ALEX
~~9032 SW 142 AVE.~~
~~STE. 520~~
~~MIAMI, FL 33186~~

7. Name and Address of New Registered Agent

Name Lage, Alex
Street Address (P.O. Box Number is Not Acceptable) 14840 SW 104th ST Unit 76
City Miami FL Zip Code 33196

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 X 4/20/04
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LAGE, ALEX ~~9032 SW 142 AVE. STE. 520~~ ~~MIAMI, FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14840 SW 104th ST Unit 76 Miami, FL 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #