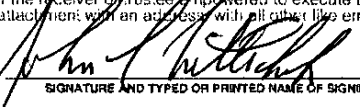


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 028 ***150.00

DOCUMENT # P03000011770 1. Entity Name TRITTSCHUH PHYSICAL THERAPY, INC.					
Principal Place of Business 890 N BOUNDARY AVE STE 200 DELAND, FL 32720			Mailing Address 890 N BOUNDARY AVE STE 200 DELAND, FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1171140	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TRITTSCHUH, JOHN C 890 N BOUNDARY AVE STE 200 DELAND, FL 32720				7. Name and Address of New Registered Agent 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 state if applicable. (NOT: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D TRITTSCHUH, JOHN C 890 N BOUNDARY AVE STE 200 DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRITTSCHUH, SUSANNA E 890 N BOUNDARY AVE STE 200 DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF TRITTSCHUH, JENNIFER E 6520 BROADWAY, APT 218 PEARLAND, TX 77584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF Trittschuh Valles, Jennifer E. Store Trei Treien 186 5231 Paradis, Norway ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF TRITTSCHUH, JOHN L 5104 W. WISCONSIN, APT 6 MILWAUKEE, WI 53208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF Trittschuh, John L 6837 Maple Terrace Wauwatosa, WI 53213 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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:  John C. Trittschuh 2 Apr 05 3867383456 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					