2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016517

Entity Name: SOUTH COUNTY PHYSICAL THERAPY, INC.

FILED Apr 10, 2004 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|--------------------------------|--|--|
| | T MORE RD., TON, FL 3349 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | IT MORE RD., TON, FL 3349 | | | |
| FEI Number | : 56-2316782 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 3299 CLIŃ | SPENCER IT MORE RD., TON, FL 3349 | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, |
| SIGNATUR | RE: | | | |
| | Electro | nic Signature of Registered Ag | ent | Date |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | EPSTEIN, SPE | ORE RD., APT. 104 | Title: Name: Address: City-St-Zip: | () Change () Addition |

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: SPENCER EPSTEIN D 04/10/2004