


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000017515					
1. Entity Name HENSLEY PHYSICAL THERAPY SERVICES, INC.					
Principal Place of Business 2071 SE ISABELL ROAD PORT ST. LUCIE FL 34952			Mailing Address 2071 SE ISABELL ROAD PORT ST. LUCIE FL 34952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 82-0586513	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENSLEY, ROBERT A 2071 SE ISABELL ROAD PORT ST. LUCIE FL 34952				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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	U00000206722	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HENSLEY, ROBERT A		NAME	02/01/05-80017-007	150.00
STREET ADDRESS	2071 SE ISABELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HENSLEY, MARY B		NAME		
STREET ADDRESS	2071 SE ISABELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Hensley Robert Hensley 1/27/05 (772) 335-707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #