


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-30-2004 90005 026 ***150.00

DOCUMENT # P03000022612	
1. Entity Name WORTH PHYSICAL THERAPY, INC.	

Principal Place of Business 7111 LAKE WORTH RD. LAKE WORTH, FL 33467	Mailing Address 7111 LAKE WORTH RD. LAKE WORTH, FL 33467
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66431719

2. Principal Place of Business 7111 LAKE WORTH RD.	3. Mailing Address 7111 LAKE WORTH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07022004 Chg-P CR2E034 (10/03)

City & State LAKE WORTH FL.	City & State LAKE WORTH FL.	4. FEI Number 760726333	Applied For <input type="checkbox"/> Not Applicable
Zip 33467	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEOPOLD, MICHAEL 7111 LAKE WORTH RD. LAKE WORTH, FL 33467		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 reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PRESIDENT MICHAEL D. LEOPOLD 628 JUNIPER PLACE WELLINGTON, FL 33414	
		SECRETARY MICHELLE SELTZER 104 PARKWAY HARRINGTON PARK, N.J. 07640	

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 an other like empowered.

SIGNATURE: _____ **7-28-04 561-966-7950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #