

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067007

FILED
Apr 03, 2005
Secretary of State

Entity Name: OCEANSIDE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1807 S KANNER HIGHWAY
STUART, FL 349943750 GR

New Principal Place of Business:

1807 S KANNER HIGHWAY
STUART, FL 349943750 US

Current Mailing Address:

1807 S KANNER HIGHWAY
STUART, FL 349943750 GR

New Mailing Address:

1807 S KANNER HIGHWAY
STUART, FL 349943750 US

FEI Number: 57-1172970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, BRYAN L
1807 S KANNER HIGHWAY
STUART, FL 349943750 GR

Name and Address of New Registered Agent:

GRAHAM, BRYAN L
1807 S KANNER HIGHWAY
STUART, FL 349943750 US

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.

SIGNATURE:

04/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GRAHAM, BYRAN
Address: 1807 S KAMER HWY
City-St-Zip: STUART, FL 349943750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GRAHAM, BRYAN L
Address: 1807 S KANNER HWY
City-St-Zip: STUART, FL 349943750 US

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: BRYAN L. GRAHAM

PSTD

04/03/2005

Electronic Signature of Signing Officer or Director

Date