


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90058 036 ***150.00

DOCUMENT # P03000080631	
1. Entity Name ALL ABOUT PHYSICAL THERAPY, INC.	

Principal Place of Business 8737 NW 6 COURT CORAL SPRINGS FL 33071	Mailing Address 8737 NW 6 COURT CORAL SPRINGS FL 33071
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 20-0130964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELMANA, MARCELA 8737 NW 6 COURT CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 *Marcela Belmana* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELMANA, MARCELA 8737 NW 6 COURT CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I 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 reported 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, 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 pertinent with an address, with all other like empowered.

Marcela Belmana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/04 Daytime Phone # (954) 755-4499