


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 25, 2005 8:00 am
Secretary of State

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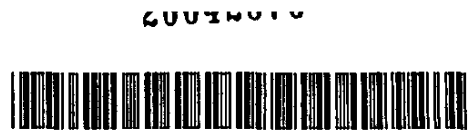
1. Entity Name
 TEQUESTA PHYSICAL THERAPY INC.



Principal Place of Business Mailing Address

395 TEQUESTA DR 395 TEQUESTA DR
 TEQUESTA, FL 33469 TEQUESTA, FL 33469

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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 04-3770207 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEEHAN, SUSAN
 6889 150TH PLACE, NORTH
 PALM BEACH GARDEN, FL 33418

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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: *Susan Sheehan* DATE: 4/17/05

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005. Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, SUSAN 6889 150TH PLACE NORTH PALM BEACH GARDEN, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, OSCAR M 2065 CEZANNE RD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 all other, like empowered.

SIGNATURE: *Susan Sheehan* Date: 4/17/05 Daytime Phone #: 561 747-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR