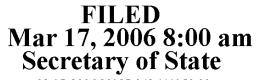
2006 FOR PROFIT CORPORATION

ANNUAL REPORT

SIGNATURE: _



DOCUMENT # P03000091559 1. Entity Name PHYSICAL THERAPY & REHABILITATION ASSOCIATES INC.							03-17-2006 90137 049 ***150.00				
Principal Place 141 SW 94TH PLANTATION,	H TERRACE		Mailing Address 141 SW 94TH TERRACE PLANTATION, FL 33324			1 (980) 881 171	PRINCE (MY PRIN BOIL)	asha isisti iiyaa		1881 H 1881	
2. Principal Pl	lace of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006 Chg-P CR2E034 (11/05)					
City & State			City & State			1 00 00 110			plied For t Applicable		
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	egistered Agent Name			Address of New Re	egistered Ag	ent		
	REACH	© (J DRIVE #110 E, FL 33315	_			(P.O. Box Numbe	r is Not Acceptable)			
ing and the second of the seco					City			FL	Zip Code	;	
8. The above the obligati	named entitions of regis	y submits this statement for	or the purpose of changing i	ts register	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am far	niliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of registered agen	od Agent signature require	ed when reinstating)		DATE					
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Camp Trust Fund Co			i.00 May Be ded to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11 -	
THILE NAME STREET ADDRESS CITY-ST-ZIP	900 RIVE	ÄNTHONY J R REACH DRIVE #110 UDERDALE, FL 3331:	☐ Delete					(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		322(3)(E)(E)	☐ Delete						□ Change	Addition	
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12. I hereby of indicated of the corchanged.	, or orraman	ne information supplied with ort or supplementa/report the receiver or try free emp lachment with a yladdress	th this filing does not qualify is true and accurate and tha powered to execute this repo with all other like empowere	for the extended to the formula of t	temptions containe ature shail have the dired by Chapter 60		, Florida Statutes. I t as if made under o s; and that my name			nformation or director Block 11 if	

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Davtime Phone •