

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106031

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: TOTAL THERAPY PROVIDERS OF FLORIDA, INC.

## Current Principal Place of Business:

5100 W. COPANS ROAD  
SUITE 300  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

5100 W. COPANS ROAD  
SUITE 300  
MARGATE, FL 33063

## New Mailing Address:

FEI Number: 42-1605366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALERSTEIN, JOAN  
5100 W. COPANS ROAD  
SUITE 300  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALERSTEIN, JOAN  
Address: 5879 NW 48 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: LEVY, RICHARD A  
Address: 5879 NW 48 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete  
Name: ROWLANDS, LYNDIA  
Address: 354 NW 21 STREET  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WALERSTEIN, JOAN  
Address: 5100 W. COPANS RD #300  
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change ( ) Addition  
Name: LEVY, RICHARD A  
Address: 5100 W. COPANS RD #300  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOAN WALERSTEIN

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date