

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143782

FILED
Mar 29, 2005
Secretary of State

Entity Name: HANDS-ON PHYSICAL THERAPY, INC.

Current Principal Place of Business:

5766 BRONX AVENUE
SUITE B
SARASOTA, FL 34231

New Principal Place of Business:

5717 DEREK VENUE
SARASOTA, FL 34233

Current Mailing Address:

5766 BRONX AVENUE
SUITE B
SARASOTA, FL 34231

New Mailing Address:

5717 DEREK AVENUE
SARASOTA, FL 34233

FEI Number: 06-1714359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOLEY, WILLIAM A
1432 FIRST STREET
SARASOTA, FL 34236 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: NISSAN, OFER
Address: 5766 BRONX AVENUE, SUITE B
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NISSAN, OFER
Address: 5717 DEREK AVENUE
City-St-Zip: SARASOTA, FL 34233

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: OFER NISSAN

D

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date