

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020157

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: INSTITUTE OF FUNCTIONAL PERFORMANCE INC

## Current Principal Place of Business:

137 GOLDEN ISLES DRIVE  
SUITE 311  
HALLANDALE, FL 33009 US

## New Principal Place of Business:

## Current Mailing Address:

137 GOLDEN ISLES DRIVE  
SUITE 311  
HALLANDALE, FL 33009 US

## New Mailing Address:

FEI Number: 20-0694306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDEA AND ASSOCIATES SERVICE GROUP INC  
4445 WEST 16TH AVENUE  
SUITE 502  
HIALEAH, FL 33012 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: PD ( ) Delete  
Name: GONZALEZ, DAVID R  
Address: 137 GOLDEN ISLES DRIVE SUITE 311  
City-St-Zip: HALLANDALE, FL 33009 US

Title: S ( ) Delete  
Name: GONZALEZ, MARISA  
Address: 137 GOLDEN ISLES DRIVE SUITE 311  
City-St-Zip: HALLANDALE, FL 33009 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID R. GONZALEZ

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date