

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063118

FILED
Apr 26, 2006
Secretary of State

Entity Name: FLETCHER PHYSICAL THERAPY, INC.

Current Principal Place of Business:

824 S 14TH AVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

824 S 14TH AVE
HOLLYWOOD, FL 33020 US

Current Mailing Address:

824 S 14TH AVE
HOLLYWOOD, FL 33019

New Mailing Address:

824 S 14TH AVE
HOLLYWOOD, FL 33020 US

FEI Number: 16-1690909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, THOMAS
824 S 14TH AVE
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

FLETCHER, THOMAS
824 S 14TH AVE
HOLLYWOOD, FL 33020 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLETCHER, THOMAS
Address: 824 S 14TH AVE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLETCHER, THOMAS
Address: 824 S 14TH AVE
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS P FLETCHER

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date