FILED May 17, 2005 8:00 am Secretary of State

DOCUMENT # P0400096737  1. Entity Name PHYSICIANS THERAPY CLINIC OF TAMPA, INC.								04-18-20	05 9030	8 001 *:	**150.00
Principal Place of Business 4601 W. KENNEDY BLVD. 102 TAMPA, FL 33609 US			PO	Mailing Address PO BOX 8747 TAMPA FL 33674-8747 US							
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			03302005	Chg-P	CR2E03	4 (10/03)	_
City & State				City & State			4. FEI Number			<u> </u>	optied For ot Applicable
Zip	Country		Z	Zip Co.		ity	5. Certificate o	! Status Desired		8.75 Acc se Require	
	6. Name	and Address of Curr	ent Regist	tragA bets			7. Name and /	ddress of New R	egistered A	gent	
. — — 						Name					
DUNCAN; ANGELA 4601 W. KENNEDY BLVD. 102						Street Address (I	P.O. Box Number	is Not Acceptable	))		
	L 33609										
TAMPA, FL 33609						City	<del></del>		FL	Zip Cod	•
	named entity ions of registe		nt for the p	urpose of changing its	register	ed office or register	ed agent, or both	, in the State of F/o	orida. I am la	ımillər wilh,	and accept
SIGNATURE_	Signature, typed	or princed name of registered	agent and title (	applicable. (NOTE	: Pegistere	d Agent signatura required	when rehalding)	. <u>.                                   </u>	DATE		
FIL After Ma	E NOW!!! by 1, 2005	FEE IS \$150.00 Fee will be \$5	50.00	Election Campai Trust Fund Contr			00 May Be ed to Fees			- <u>-</u>	
10.	<u>_</u>	OFFICERS /	AND DIREC	TORS	11.	-	ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11
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