2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# P05000054838

Entity Name: FOCUS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

C/O FOWLER WHITE BOGGS BANKER P.A.
50 N LAURA ST STE 2200
JACKSONVILLE, FL 32202

New Principal Place of Business:

869 STOCKTON STREET
SUITE 3
JACKSONVILLE, FL 32204

Current Mailing Address:

4301 BALTIC ST
JACKSONVILLE, FL 32210

New Mailing Address:

869 STOCKTON STREET
SUITE 3
JACKSONVILLE, FL 32204

FEI Number: 35-2253427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
50 N LAURA ST STE 2200
JACKSONVILLE, FL 32202 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: CRAWLEY, SCOTT E MR
Address: 869 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: SCOTT E CRAWLEY MR 02/22/2006

Electronic Signature of Signing Officer or Director — Date