## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000062078

Entity Name: STEVENSON & ASSOCIATES PHYSICAL THERAPY, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4409 SE 16TH PLACE 2517 BARBARA BLVD

UNIT 10 UNIT 1

CAPE CORAL, FL 33904 US CAPE CORAL, FL 33914 US

Current Mailing Address: New Mailing Address:

4409 SE 16TH PLACE 2517 SANTA BARBARA BLVD

UNIT 10 UNIT 1

CAPE CORAL, FL 33904 US CAPE CORAL, FL 33914 US

FEI Number: 65-0513636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FESTIAN, MARY K
4409 SE 16TH PLACE
2517 SANTA BARBARA BLVD
UNIT #10
UNIT #1

CAPE CORAL, FL 33904 US CAPE CORAL, FL 33914 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: ERIC W. STEVENSON 01/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS ( ) Delete Title: PVST (X) Change ( ) Addition

Name: STEVENSON, ERIC Name: STEVENSON, ERIC W
Address: 4409 SE 16TH PLACE Address: 2517 SANTA BARBARA BLVD UNIT 1

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33914

Title: VPT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FESTIAN, MARY K.
 Name:

 Address:
 4409 SE 16TH PLACE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 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: ERIC W. STEVENSON PRES 01/05/2005