

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065170

FILED
Jan 18, 2005
Secretary of State

Entity Name: PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, INC.

Current Principal Place of Business:

14838 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

601 N CONGRESS AVE
SUITE 417
DELRAY BEACH, FL 33445 US

Current Mailing Address:

14838 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

New Mailing Address:

601 N CONGRESS AVE
SUITE 417
DELRAY BEACH, FL 33445 US

FEI Number: 65-0601400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLANTZ, LLOYD
C/O 14838 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

GLANTZ, LLOYD
C/O 601 N CONGRESS AVE
SUITE 417
DELRAY BEACH, FL 33445 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:

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SALEHI, HAMID
Address: 8801 JOHNSON ST
City-St-Zip: PEMBROKE PINES, FL

Title: VTD () Delete
Name: STANGER, JEFFREY
Address: 4560 NW 24TH WAY
City-St-Zip: BOCA RATON, FL 33431

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: JEFFREY L STANGER

VTD

01/18/2005

Electronic Signature of Signing Officer or Director

Date