2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P96000019153

Entity Name: HOLMES PHYSICAL THERAPY, INC.

Current Principal Place of Business:

3410 LOWSON BLVD
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

3410 LOWSON BLVD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0651490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, LARRY J
5577 GUN CLUB ROAD
WEST PALM BEACH, FL 33406 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: D ( ) Delete
Name: HOLMES, JEAN E
Address: 3410 LOWSON BLVD.
City-St-Zip: DELRAY BEACH, FL 334455641

Title: D ( ) Delete
Name: HOLMES, LUCIEN
Address: 3410 LAWSON BLVD.
City-St-Zip: DELRAY BEACH, FL 334455641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOLMES, LUCIEN
Address: 3410 LOWSON BLVD.
City-St-Zip: DELRAY BEACH, FL 334455641

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: JEAN E. HOLMES PRES 02/16/2005

Electronic Signature of Signing Officer or Director Date