2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P97000048664

Entity Name: BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.

Current Principal Place of Business:

5935 4TH STREET NORTH
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

8950 DR.MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

Current Mailing Address:

5935 4TH STREET NORTH
SAINT PETERSBURG, FL 33703

New Mailing Address:

8950 DR. MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

FEI Number: 59-3449934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROWE, JAMES C ESQ
100 2ND AVE SOUTH
SUITE 400N
ST PETERSBURG, FL 33701 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: P ( ) Delete
Name: MORGAN, FLOYD
Address: 5935 4TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V ( ) Delete
Name: MORGAN, DIANA
Address: 5935 4TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORGAN, FLOYD
Address: 8950 DR. MLK JR. STREET NORTH SUITE 101
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: V (X) Change ( ) Addition
Name: MORGAN, DIANA
Address: 8950 DR. MLK JR. STREET NORTH SUITE
City-St-Zip: SAINT PETERSBURG, FL 33702

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: DIANA MORGAN V 04/29/2004

Electronic Signature of Signing Officer or Director — Date