

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065464

FILED
Mar 16, 2005
Secretary of State

Entity Name: A & P PHYSICAL THERAPY AND REHAB, INC.

Current Principal Place of Business:

1804 SETON HALL WAY
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1804 SETON HALL WAY
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3463048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIDULO, PETER V III
1804 SETON HALL WAY
LAKE MARY, FL 32746 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: DIDULO, PETER V. III
Address: 1804 SETON HALL WAY
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: DIDULO, ARACELI
Address: 1804 SETON HALL WAY
City-St-Zip: LAKE MARY, FL 32746

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: ARACELI DIDULO

T

03/16/2005

Electronic Signature of Signing Officer or Director

Date