
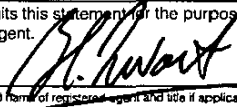
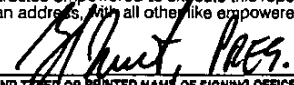


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90067 008 ***150.00

DOCUMENT # P97000078683 1. Entity Name PHYSIO-MED PHYSICAL THERAPY, INC.					
Principal Place of Business P.O. BOX 96 MOUNT DORA, FL 32757 US			Mailing Address P.O. BOX 96 MOUNT DORA, FL 32757 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3480007	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZWART, HAROLD 1705 IMPERIAL PALM DRIVE APOPKA, FL 32779			7. Name and Address of New Registered Agent Name HAROLD ZWART Street Address (P.O. Box Number is Not Acceptable) 3281 SUNSET VALLEY CT City LONGWOOD FL Zip Code 32779		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE X  X 04-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWART, HARM 1705 IMPERIAL PALM DR. APOPKA, FL 32712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWART, HARM 3281 SUNSET VALLEY CT LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASKE, PIETER T 236 CHURCHILL DR. LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X  X 04-12-05 X 589-5595 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					