2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# P98000050894

Entity Name: WHITE SANDS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

99 EGLIN PARKWAY NE, SUITE 34-A
FT WALTON BEACH, FL 32548

New Principal Place of Business:

600 OPP DRIVE
FT WALTON BEACH, FL 32548

Current Mailing Address:

99 EGLIN PARKWAY NE, SUITE 34-A
FT WALTON BEACH, FL 32548

New Mailing Address:

600 OPP DRIVE
FT WALTON BEACH, FL 32548

FEI Number: 59-3515040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANN, ROBERT P
99 EGLIN PARKWAY NE, SUITE 34-A
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MANN, ROBERT P
600 OPP DRIVE
FT WALTON BEACH, FL 32548 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: _____ 06/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANN, ROBERT P
Address: 603 GOLF COURSE DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: STD ( ) Delete
Name: MANN, SUZANNE S
Address: 99 EGLIN PARKWAY NE, SUITE 34-A
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MANN, ROBERT P
Address: 600 OPP DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: STD (X) Change ( ) Addition
Name: MANN, SUZANNE S
Address: 600 OPP DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

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: SUZANNE S MANN STD 06/29/2005
Electronic Signature of Signing Officer or Director — Date