## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000109914

Entity Name: KUNKEL PHYSICAL THERAPY, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2617 NORTH FLAGLER DR STE 112

WEST PALM BEACH, FL 33407 US

Current Mailing Address: New Mailing Address:

2617 NORTH FLAGLER DR STE 112

WEST PALM BEACH, FL 33407 US

FEI Number: 65-0968596 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINTMIRE, DONALD F 265 SUNRISE AVENUE, SUITE 204 PALM REACH, FL 33480 LIS

PALM BEACH, FL 33480 US SUITE 1100

WEST PALM BEACH, FL 33401 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.

BOWERS, DAVID

505 S. FLÁGLER DRIVE

SIGNATURE: DAVID BOWERS 03/22/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete Title: P (X) Change ( ) Addition

Name: KUNKEL, KEVIN Name: KUNKEL, KEVIN

 Address:
 2617 N FLAGLER DR STE 112
 Address:
 2617 N FLAGLER DR STE 112

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:
 WEST PALM BEACH, FL 33407

Title: VT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KUNKEL, SUSAN
 Name:

 Address:
 2617 N FLAGLER DR STE 112
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 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: KEVIN KUNKEL P 03/22/2004