

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15001

FILED  
Mar 30, 2004  
Secretary of State

**Entity Name:** PHYSICAL THERAPY OF SARASOTA, INC.

**Current Principal Place of Business:**

2121 S TAMIAMI TRAIL  
SARASOTA, FL 342393804 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 S TAMIAMI TRAIL  
SARASOTA, FL 342393804 US

**New Mailing Address:**

**FEI Number:** 65-0235590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISIELEWSKI, STEPHANIE  
2121 S TAMIAMI TRAIL  
SARASOTA, FL 342393804 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: V ( ) Delete  
Name: MARCONI, ADAM  
Address: 31710 CLAY GULLY RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: PST ( ) Delete  
Name: KISIELEWSKI, STEPHANIE  
Address: 2728 HARVEST DR.  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: MARCONI, ADAM  
Address: 2153 BOXWOOD ST.  
City-St-Zip: NORTH PORT, FL 34289

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:** STEPHANIE KISIELEWSKI

PST

03/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date