

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15001

FILED
Apr 02, 2005
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: 2153 BOXWOOD ST.
City-St-Zip: NORTH PORT, FL 34289

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

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: STEPHANIE KISIELEWSKI

PST

04/02/2005

Electronic Signature of Signing Officer or Director

Date