2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S95681

Entity Name
 LAKE MARY PHYSICAL THERAPY, INC.



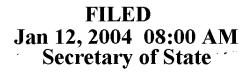
Principal Place of Business

Mailing Address

820 W. LAKE MARY BLVD. STE. 102 SANFORD, FL 32773 US 820 W. LAKE MARY BLVD.

STE. 102

SANFORD, FL 32773 US





DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3093440 Not Applied be

5. Certificate of Status Desired

01052004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SHAPIRO, CHARLES 3850 SHERIDAN ST HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

No Chg-P

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				. <u></u>	
Signature, typed or printed name of registered agent and trie it applicable. (NOTE: Registered Agent aggretature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
HILE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, CHARLES 3850 SHERIDAN ST HOLLYWOOD, FL	-			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	DST SHAPIRO, ANNA 3850 SHERIDAN ST HOLLYWOOD, FL		U0000003701 01/13/04-80057-019 150.00		
ITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIACENTINE, GARY 3850 SHERIDAN ST HOLLYWOOD, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				40.00	
TITLE NAME STREET ADDRESS CITY-ST-EP					

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 inclicated 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.