2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# V07181

Entity Name: PRO CARE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

3852 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

3852 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3852 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

3852 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

FEI Number: 65-0307016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, ANNA B.
3852 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SHAPIRO, ANNA B D
3852 SHERIDAN STREET
HOLLYWOOD, FL 33021 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: ANNA B SHAPIRO 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SHAPIRO, ANNA B.,
Address: 3852 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: SHAPIRO, ANNA B.,
Address: 3852 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SHAPIRO, ANNAB B PST
Address: 3852 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D (X) Change ( ) Addition
Name: SHAPIRO, ANNA B D
Address: 3852 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

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: ANNA B SHAPIRO D 04/19/2004
Electronic Signature of Signing Officer or Director Date