



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124669		2. Name of Corporation Elite Physical Therapy, Inc			
3. Street Address (Principal Business Office) 535 CENTERVILLE ROAD, SUITE 101			City WARWICK	State RI	Zip 02886
4. Business Phone No. (401) 737-4581		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATING A PHYSICAL THERAPY CLINIC					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL NOLA			Vice President Name MICHAEL NOLA		
Street Address 535 CENTERVILLE ROAD, SUITE 101			Street Address 535 CENTERVILLE ROAD, SUITE 101		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name MICHAEL NOLA			Treasurer Name MICHAEL NOLA		
Street Address 535 CENTERVILLE ROAD, SUITE 101			Street Address 535 CENTERVILLE ROAD, SUITE 101		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL NOLA			Director Name		
Street Address 535 CENTERVILLE ROAD, SUITE 101			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
800 COMM NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1-19-05
Check No. 2090
By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

[Signature] 1/15/05
Signature of Officer Date
MICHAEL NOLA
Print or Type Name of Officer
PRESIDENT
Title of Officer

65 MERTON ROAD
NEWPORT, RI 02840

DETACH HERE



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3046

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1 Corporate ID No 124669		2 Name of Corporation Elite Physical Therapy, Inc			
3 Street Address Principal Business Office 535 CENTERVILLE ROAD SUITE 101			4 City WARWICK	5 State RI	6 Zip 02886
7 Business Phone No (401) 737-4581		8 State of Incorporation RHODE ISLAND			9 SIC Code
10 Brief Description of the Character of Business Conducted in Rhode Island OPERATING A PHYSICAL THERAPY CLINIC					
11 NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12 President Name MICHAEL NULA			13 Vice President Name MICHAEL NULA		
14 Street Address 535 CENTERVILLE ROAD			15 Street Address 535 CENTERVILLE ROAD		
16 City WARWICK	17 State RI	18 Zip 02886	19 City WARWICK	20 State RI	21 Zip 02886
22 Secretary Name MICHAEL NULA			23 Treasurer Name MICHAEL NULA		
24 Street Address 535 CENTERVILLE ROAD			25 Street Address 535 CENTERVILLE ROAD		
26 City WARWICK	27 State RI	28 Zip 02886	29 City WARWICK	30 State RI	31 Zip 02886
12 NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
32 Director Name MICHAEL NULA			33 Director Name		
34 Street Address 535 CENTERVILLE ROAD			35 Street Address		
36 City WARWICK	37 State RI	38 Zip 02886	39 City	40 State	41 Zip
39 Director Name			40 Director Name		
41 Street Address			42 Street Address		
43 City	44 State	45 Zip	46 City	47 State	48 Zip
49 10. SHARES AUTHORIZED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			50 11. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
51 AUTHORIZED SHARES			52 ISSUED SHARES		
53 Number of Shares	54 Class/Series	55 Par Value	56 Number of Shares	57 Class/Series	58 Par Value
800 COMM NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 6 6 9 *

File Date: 4/28/04
Check No: 1715

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael Nula 2/20/04
Signature of Officer Date

MICHAEL NULA



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **124669**
2. Name of Corporation **Elite Physical Therapy, Inc**
3. Street Address Principal Business Office
535 CENTERVILLE ROAD
4. Business Phone No **401-835-5911**
5. State of Incorporation **RHODE ISLAND**

City **WARWICK** State **RI** Zip **02886**
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

OPERATING A PHYSICAL THERAPY CLINIC

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
MICHAEL NULA
Street Address
65 MERTON ROAD
City **NEWPORT** State **RI** Zip **02840**

Vice President Name
MICHAEL NULA
Street Address
65 MERTON ROAD
City **NEWPORT** State **RI** Zip **02840**

Secretary Name
MICHAEL NULA
Street Address
65 MERTON ROAD
City **NEWPORT** State **RI** Zip **02840**

Treasurer Name
MICHAEL NULA
Street Address
65 MERTON ROAD
City **NEWPORT** State **RI** Zip **02840**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
800 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
800 COMMON NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 6 6 9 *

File Date 3-10-03
Check No. 1033
By 2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael Nula 3/10/03
Signature of Officer Date

MICHAEL NULA
Print or Type Name of Officer

PRESIDENT
Title of Officer