

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 JUN 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 638731 (0)

1. Corporation Name  
Gulfstream Physical Therapy Center, INC

Principal Place of Business Mailing Address  
c/o Maurice Gozlan c/o Maurice Gozlan  
696 NW 11st 696 NW 11st  
Sunrise, FL 33313 Sunrise, FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/5/79 3a. Date of Last Report 4/26/94  
4. FEI Number 59-1937600 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
Seley, Frederick B., MD  
21000 NE 28th Ave  
N MB, FL 33180  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seley, Frederick	1.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silverman Barry	2.2 NAME	500001531085
STREET ADDRESS	21000 NE 28th Ave	2.3 STREET ADDRESS	-07/06/95--01070--012
CITY-ST-ZIP	N. Miami Beach, FL	2.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morber Lloyd	3.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wender Stephen	4.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick B. Seley (Signature) 6/19/95 (305) 937-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone