FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722222 (7)

1. Corporation Name

FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
235 E VIRGINIA ST TALLAHASSEE FL 32301	235 E VIRGINIA ST TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1971
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-6135438 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROSBY, CRAIG
235 E VIRGINIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	• S	1.1 TITLE	S ☐ Change ☐ Addition
NAME	HUNTINGTON, EILEEN	1.2 NAME	Marty Clendenin, Univ. of Fla.
STREET ADDRESS	5622 MARINE PKWY #1	1.3 STREET ADDRESS	Dept. of PhysicalTherapy
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Box 100154 Health Center
TITLE	VPD	2.1 TITLE	Gainesville, FL 32610-0154 ☐ Change ☐ Addition
NAME	HOLLY, LINDA R	2.2 NAME	
STREET ADDRESS	9703 W SAMPLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	2.4 CITY-ST-ZIP	
TITLE	• T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	PLACE, SANDY	3.2 NAME	Tom Pitney
STREET ADDRESS	655 W. 8TH ST.	3.3 STREET ADDRESS	Riverwalk Physical Therapy
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	8350 Riverwalk ParkBlvd., Ste. 2
TITLE	P	4.1 TITLE	Ft. Myers, FL 33919 ☐ Change ☐ Addition
NAME	BALL, JIM	4.2 NAME	
STREET ADDRESS	2135 S.W. 7TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, CRAIG	5.2 NAME	
STREET ADDRESS	235 E VIRGINIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PAGE, CATHERINE	6.2 NAME	
STREET ADDRESS	2609 SW 74TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig Crosby, Director 4-25-95 904/222-1243
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — (Area Code & Phone #)

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