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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32301-1263

3. Date Incorporated or Qualified: 12/02/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1705 S. Gadsden Street
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 1705 S. Gadsden Street Tallahassee, Fla 32301
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: Craig Crosby
82 Street Address (P.O. Box Number is Not Acceptable): 1705 South Gadsden Street
83 [illegible]
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CLENDENIN, MARTY UNIV. O		1.2 NAME	Dept of Physical Therapy/Nova Southeaster
STREET ADDRESS	BOX 100154 HEALTH CENTER		1.3 STREET ADDRESS	3200 S.University Drive
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla 33328
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STOFF, MARK D.		2.2 NAME	
STREET ADDRESS	309 E. OSCEOLA STREET #107		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PITNEY, TOM		3.2 NAME	
STREET ADDRESS	8350 RIVERWALK PARK BLVD STE 2		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, NANCY		4.2 NAME	
STREET ADDRESS	213 CALIFORNIA DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL		4.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	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	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	KINSLEY, KENT		6.2 NAME	Knisley, Kent (Name misspelled)
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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 Craig Crosby 4-23-97 904-222-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007196