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Jun 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
1705 S. GADSDEN STREET TALLAHASSEE FL 32301 US	1705 S. GADSDEN ST. TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: 12/02/1971

4. FEI Number: 59-6135438 ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSBY, CRAIG
1705 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301

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 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	Secretary	☒ Change ☐ Addition
NAME	DEPT OF PHYSCIAL THERAPY		1.2 NAME	Martha Clendenin	
STREET ADDRESS	NOVE S.E., 3200 S. UNIVERSITY DRIVE		1.3 STREET ADDRESS	Nova SE Univ., 3200 S. University Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33328	
TITLE	VPD	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	STOFF, MARK D.		2.2 NAME	STOFF, MARK D.	
STREET ADDRESS	309 E. OSCEOLA STREET #107		2.3 STREET ADDRESS	309 E. OSCEOLA ST. #107	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	STUART, FL 34994-2289	
TITLE	T	☐ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	PITNEY, TOM		3.2 NAME	TOM PITNEY	
STREET ADDRESS	8350 RIVERWALK PARK BLVD STE 2		3.3 STREET ADDRESS	8350 RIVERWALK PARK BLVD, STE 2	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	P	☐ DELETE	4.1 TITLE	President	☐ Change ☒ Addition
NAME	WATSON, NANCY		4.2 NAME	NANCY WATSON	
STREET ADDRESS	213 CALIFORNIA DRIVE		4.3 STREET ADDRESS	213 CALIFORNIA DR.	
CITY-ST-ZIP	FT. WALTON BCH FL		4.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	M	☐ DELETE	5.1 TITLE	Executive V. P. President	☐ Change ☒ Addition
NAME	CROSBY, CRAIG		5.2 NAME	CRAIG CROSBY	
STREET ADDRESS	235 E VIRGINIA ST		5.3 STREET ADDRESS	235 E. VIRGINIA STREET	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	KNISLEY, KENT		6.2 NAME	Nancy Thorner-Southern	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		6.3 STREET ADDRESS	Nova SE Univ. 3200 S. University Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33328	

CR2E037 (10/97)

14. I 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: _____ 4-21-98 850-422-2463