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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722222

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 STREET TALLAHASSEE FL 32301 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/02/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6135438 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	S	☐ Change ☒ Addition
NAME	CLENDENIN, MARTH		1.2 NAME	MARSTON, COBURN	
STREET ADDRESS	NOVE S.E., 3200 S. UNIVERSITY DRIVE		1.3 STREET ADDRESS	4820 HWY 19A, SUITE 2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		1.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	VD	☐ 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 34994-2249		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	PITNEY, TOM		3.2 NAME	LANE, DAVID	
STREET ADDRESS	8350 RIVERWALK PARK BLVD STE 2		3.3 STREET ADDRESS	821 PALMETTO TERRACE	
CITY-ST-ZIP	FT. MYERS FL 33919		3.4 CITY-ST-ZIP	OVIEDO, FL 32765	
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 32548		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	CROSBY, CRAIG		5.2 NAME	CROSBY, CRAIG	
STREET ADDRESS	~~235 E VIRGINIA ST~~		5.3 STREET ADDRESS	1705 S. GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☒ DELETE	6.1 TITLE	D.	☐ Change ☒ Addition
NAME	THORNER, NANCY		6.2 NAME	WALTERS, GARY	
STREET ADDRESS	3200 S UNIVERSITY DR.		6.3 STREET ADDRESS	16434 SEGOVIA CIRCLE SOUTH	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33331	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CROSBY 4-15-99 850/222-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPE027 (11/98)