NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90337 006 ****61.25

DOCUMENT # 722222 ✓

1. Entity Name

Florida Physical Therapy Associa

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657695

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2. Principal Place of Business	3. Mailing Address
1705 So. Gadsden St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32301 Country	Zip Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: R. Craig Crosby

Street Address (P.O. Box Number is Not Acceptable): 1705 So. Gadsden St.

City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Gary Walters
STREET ADDRESS	16434 Segovia Circle South
CITY-ST-ZIP	Pembroke Pines, FL 33331
TITLE	Vice President
NAME	Coburn Marston
STREET ADDRESS	4280 Hwy 19A, Suite 2
CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	Secretary
NAME	Cheryl Kirton
STREET ADDRESS	332 SW 32nd St.
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	Treasurer
NAME	David O. Lane
STREET ADDRESS	128 W. Broadway St, Suite 200
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	Director
NAME	Kathy Hoar
STREET ADDRESS	23121 Floralwood Ln
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	Director
NAME	Ken Jacobs
STREET ADDRESS	3076 Bellgrove Rd.
CITY-ST-ZIP	Tallahassee, FL 32308

TITLE	Exec. Vice President
NAME	Craig Crosby
STREET ADDRESS	1705 So. Gadsden Street
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Craig Crosby 5-3-02 850/222-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #