FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90024 032 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722222

1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROSBY, CRAIG 1706 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARSTON, COBURN 4820 HWY 19A STE 2 MT DORA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITEHURST, JOSEPH 3021 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cheryl Kirton 332 SW 32nd Street Okeechobee, FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANE, DAVID 821 PALMETTO TERR OVIEDI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ken Tuley 991 Botany Lane Rockledge, FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLS, BRUCE 6050 BABCOCK STREET, SUITE 6 PALM BAY, FL 32909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ellen O'Bannon 300 Royal Palm Way Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CROSBY, CRAIG 1705 S GADSDEN TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTERS, GARY 16434 SEGOVIA CIR SOUTH PEMBROKE PINES, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig Crosby - CRAIG CROSBY 4-28-03 850/222-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #