FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79862** **(6)**

1. Corporation Name
SOUTHPARK PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
150 S PARK BLVD STE 04 ST AUGUSTINE FL 32084 US	3643 A1A SOUTH ST AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3083767 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1100-4 Ponce de Leon Blvd	26 2200 Powell Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 800
City & State 23 St. Augustine, FL	City & State 28 Emeryville, CA
Zip / Country 24 32086 / 25 USA	Zip / Country 29 94608 / 30 USA

9. Name and Address of Current Registered Agent

NORTON ELIZABETH A
3643 A1A SOUTH
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

31 Name: The Prentice-Hall Corporation System, Inc.
32 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
33: Suite 105
34 City: Tallahassee FL 35 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Vicki Schneider 4/21/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	POWELL, DR. J	12 NAME	Glasser, Harvey	
STREET ADDRESS	5566 PELICAN WAY	13 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP	Emeryville, CA 94608	
TITLE	VD	21 TITLE	VSD	☒ Change ☐ Addition
NAME	NORTON, ELIZABETH	22 NAME	Haas, Jim	
STREET ADDRESS	3643 A1A SOUTH	23 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP	ST AUGUSTINE FL	24 CITY ST ZIP	Emeryville, CA 94608	
TITLE	STD	31 TITLE	TSD	☐ Change ☒ Addition
NAME	DENNIE, DR. R	32 NAME	Murphy, Jim	
STREET ADDRESS	150 SOUTHPARK CIRCLE #104	33 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP	ST AUGUSTINE FL	34 CITY ST ZIP	Emeryville, CA 94608	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	T/S, 4/24/95	
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	200001465182	
STREET ADDRESS		53 STREET ADDRESS	-04/26/95--01053--016	
CITY ST ZIP		54 CITY ST ZIP	****200.00 ****200.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [signature] Dr. Harvey Glasser 4/20/95 510-420-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403073 FP