FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **340236** **(9)**

1. Corporation Name

ORTHO-PHYSICAL THERAPY INC

Principal Place of Business

1121 MASON AVE.
DAYTONA BEACH FL 32117-4613

Mailing Address

1121 MASON AVE.
DAYTONA BEACH FL 32117-4613

3. Date Incorporated or Qualified: **01/16/1969**

3a. Date of Last Report: **06/16/1995**

4. FEI Number: **59-1227270** ☐ Applied For ☐ Not Applicable

5. Check if Out of State Profit ☐ **$8.75** Additional Fee Required

6. For Florida Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is qualified for the tax benefits under s. 193.032 Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

AHMED,SHAFAAT
1121 MASON AVENUE
DAYTONA BEACH FL 32018

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 607.1005 and 617.1905, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AHMED, SHAFAAT	
STREET ADDRESS	1121 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE	SD	☐ DELETE
NAME	AHMED, CAROL M.	
STREET ADDRESS	2044 S PENN DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate, and complete. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that I am signing this report in compliance with the requirements of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-16-96 — 1-904-255-1841

CR2E034 (12/95)