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 # **341773** **(0)**

1. Corporation Name

ERIC F. FARGO PHYSICAL THERAPY, INC.

Principal Place of Business

~~6943 N.W. 167 ST.#A21~~
~~MIAMI FL 33015~~

Mailing Address

~~6943 N.W. 167 ST.#A21~~
~~MIAMI FL 33015~~

2. Principal Place of Business

21 14265 Sabal Dr.
Suite, Apt. #, etc.
22
City & State
23 Miami Lakes, Fl
Zip
24 33014
Country
25

2a. Mailing Address

26 14265 Sabal Dr.
Suite, Apt. #, etc.
27
City & State
28 Miami Lakes Fl
Zip
29 33014
Country
30

3. State Incorporated or Qualified: 02/19/1969

3a. Date of Last Report: 04/14/1995

4. FEI Number: 59-1231823 — 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

8. The corporation is subject to the tax under s. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FARGO,ERIC F
14265 SABAL DR
MIAMI LAKES FL

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 Section 607.0505 and 607.1008, Florida Statutes, the above named corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and has complied with the requirements of the corporation's Board of Directors, hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	FARGO, GLENNA J	
STREET ADDRESS	14265 SABAL DR	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	PTD	☐ DELETE
NAME	FARGO, ERIC F	
STREET ADDRESS	14265 SABAL DR	
CITY-ST-ZIP	MIAMI LAKES, 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 filing complies with the requirements of Section 119.07(5)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in the appropriate manner.

SIGNATURE: Glenna J. Fargo VP/Sec. — 04-09-96 — (305) 821-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

Glenna J. Fargo

CR2E034 (12/95)