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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 634625 (8)
1. Corporation Name
CENTER FOR SPORTS PHYSICAL THERAPY, INC.



Principal Place of Business Mailing Address
1665 KINGSLEY AVENUE, SUITE 105
ORANGE PARK FL 32073 1665 KINGSLEY AVENUE, SUITE 105
ORANGE PARK FL 32073-4415

3. Date Incorporated or Qualified 08/31/1979 3a. Date of Last Report 02/09/1996

2. Principal Place of Business 2a. Mailing Address
21 454 Blanding Boulevard 26 454 Blanding Boulevard

4. FEI Number 59-1932242 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 B 27 B

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State City & State
23 Orange Park, FL 28 Orange Park, FL

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

Zip Country Zip Country
24 32073 25 USA 29 32073 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ISAAC, FRED C.
2488 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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 607.0502 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 Fred C. Isaac 01-06-97
Signature typed or printed name of registered agent and box, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | TD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELDON, DAN W. | 1.2 NAME | |
| STREET ADDRESS | 1665 KINGSLEY AVE. | 1.3 STREET ADDRESS | 454 Blanding Boulevard, Suite B |
| CITY-ST-ZIP | ORANGE PARK FL | 1.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| TITLE | PD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELDON, ROBERT M. | 2.2 NAME | |
| STREET ADDRESS | 1665 KINGSLEY AVENUE | 2.3 STREET ADDRESS | 454 Blanding Boulevard, Suite B |
| CITY-ST-ZIP | ORANGE PARK FL | 2.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| TITLE | SD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLIER, ARTHUR J | 3.2 NAME | |
| STREET ADDRESS | 1665 KINGSLEY AVENUE | 3.3 STREET ADDRESS | 454 Blanding Boulevard, Suite B |
| CITY-ST-ZIP | ORANGE PARK FL | 3.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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: Robert M. Weldon January 6, 1997 (904) 276-7881
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)