

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 JUN 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

DOCUMENT # 638731 (0)

1. Corporation Name  
**Gulfstream Physical Therapy Center, INC**

Principal Place of Business      Mailing Address  
c/o Maurice Gozlan                      c/o Maurice Gozlan  
696 NW 11st                                  696 NW 11st  
Sunrise, FL 33313                          Sunrise, FL 33313

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/5/79	4/26/1994
22	27	4. FEI Number	Applied For
City & State	City & State	59-1937600	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
29	30	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Seley, Frederick B., MD 21000 NE 28th Ave N MB, FL 33180	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seley, Frederick	1.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silverman Barry	2.2 NAME	500001531085
STREET ADDRESS	21000 NE 28th Ave	2.3 STREET ADDRESS	-07/06/95--01070--012
CITY-ST-ZIP	N. Miami Beach, FL	2.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morber Lloyd	3.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wender Stephen	4.2 NAME	
STREET ADDRESS	21000 NE 28th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Beach, FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick B. Seley, MD      6/19/95      (305) 937-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone