

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 653196 (6)

1. Corporation Name  
PHYSICAL THERAPY CENTER, INC.

Principal Place of Business

200 SW 62 BLVD  
SUITE C  
GAINESVILLE FL 32607  
US

Mailing Address

200 SW 62ND BLVD  
STE C  
GAINESVILLE FL 32607  
US

2. Principal Place of Business

21 7042 N.W. 10th Place

Suite, Apt. #, etc.

22 N/A

City & State

23 Gainesville, FL

Zip

24 32605

Country

25 Alachua

2a. Mailing Address

26 7042 N.W. 10th Place

Suite, Apt. #, etc.

27 N/A

City & State

28 Gainesville, FL

Zip

29 32605

Country

30 Alachua

9. Name and Address of Current Registered Agent

HUEGEL, MARTIN O.  
200 SW 62ND BLVD  
STE C  
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

01/23/1980

4. FEI Number

59-1959115

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. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name  
Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUEGEL, MARTIN O.  
STREET ADDRESS 200 SW 62ND BLVD., STE C  
CITY-ST-ZIP GAINESVILLE FL

TITLE VST ☐ DELETE

NAME MOSES, JAMES C.  
STREET ADDRESS 200 SW 62ND BLVD., STE. C  
CITY-ST-ZIP GAINESVILLE FL

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

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Huegel, Martin O  
1.3 STREET ADDRESS 7042 N.W. 10th Place  
1.4 CITY-ST-ZIP Gainesville, FL 32605

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME Moses, James C.  
2.3 STREET ADDRESS 7042 N.W. 10th Place  
2.4 CITY-ST-ZIP Gainesville, FL 32605

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)