

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 703628 (8)

1. Corporation Name

C C C PHYSICAL THERAPY CENTER, INC.



Principal Place of Business

Mailing Address

300 WEST MERRITT AVENUE  
MERRITT ISLAND FL 32953

300 WEST MERRITT AVENUE  
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

02/23/1962

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0976184

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOCK, TERRIE  
1337 FOREST DRIVE  
ROCKLEDGE FL 32955

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
BOCK, TERRIE  
STREET ADDRESS  
1337 FOREST DRIVE  
CITY-ST-ZIP  
ROCKLEDGE FL

TITLE ☐ DELETE

NAME  
ROOD, KAREN  
STREET ADDRESS  
4155 S. TROPICAL TRAIL  
CITY-ST-ZIP  
MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
BONENBERGER, GREG  
STREET ADDRESS  
91 E. MERRITT ISLAND CSWY  
CITY-ST-ZIP  
MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
DOWDY, ROBERT  
STREET ADDRESS  
3565 MURRELL ROAD  
CITY-ST-ZIP  
ROCKLEDGE FL

TITLE ☐ DELETE

NAME  
BOCK, TERRIE  
STREET ADDRESS  
1337 FOREST DRIVE  
CITY-ST-ZIP  
ROCKLEDGE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Greg Bonenberger  
91 E. Merritt Isl Cswy  
Merritt Island, FL 32953

VD

Terrie Bock  
1337 Forest Dr  
Rockledge, FL 32955

SD

James Fordham  
220 Bel-Aire Dr  
Merritt Island, Florida 32952

TD

Karen Rood  
4155 S. Tropical Trail  
Merritt Island, Florida 32952

ED

Greg Bonenberger  
91 E. Merritt Isl Cswy  
Merritt Island, florida 32952

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 119.07(3)(k), 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 617, 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

1-26-96

Date

452-5446

Daytime Phone #

CR2E037 (12/95)