


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703628** (8)

1. Corporation Name

C C C PHYSICAL THERAPY CENTER, INC.



Principal Place of Business 300 WEST MERRITT AVENUE MERRITT ISLAND FL 32953	Mailing Address 300 WEST MERRITT AVENUE MERRITT ISLAND FL 32953
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 02/23/1962
4. FEI Number 59-0976184
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BOCK, TERRIE 1337 FOREST DRIVE ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81 Name Terry Shepherd
82 Street Address (P.O. Box Number is Not Acceptable) 785 Larkview St.
83
84 City Merritt Island FL 85 Zip Code 32953

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 Terry Shepherd, P.T. M.H.S.A. DATE 1/12/98

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ROOD, KAREN
STREET ADDRESS	4155 S. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	PDED <input checked="" type="checkbox"/> DELETE
NAME	BONENBERGER, GREG
STREET ADDRESS	91 E. MERRITT ISLAND CSWY
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FORDHAM, JAMES
STREET ADDRESS	220 BEL-AIRE DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BOCK, TERRIE
STREET ADDRESS	1337 FOREST DRIVE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Zopfi
1.3 STREET ADDRESS	45 Yawl Drive
1.4 CITY-ST-ZIP	Cocoa Bch, Florida 32931
2.1 TITLE	VTr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karen Rood
2.3 STREET ADDRESS	4155 S. Tropical Trail
2.4 CITY-ST-ZIP	Merritt Island, Florida 32952
3.1 TITLE	STr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greg Bonenberger
3.3 STREET ADDRESS	91 E. Merritt Island Cswy
3.4 CITY-ST-ZIP	Merritt Island, FL 32952
4.1 TITLE	TTr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chris Davis
4.3 STREET ADDRESS	150 Fortenberry Rd, Villa A
4.4 CITY-ST-ZIP	Merritt Island, FL 32952
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Terry Shepherd
5.3 STREET ADDRESS	785 Larkview Street
5.4 CITY-ST-ZIP	Merritt Island, Florida 32953
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry Shepherd, P.T. M.H.S.A. DATE: 1/12/98 407-452-5446

CR2E037 (10/97)