


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90072 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703628

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/23/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0976184	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SHEPHERD, TERRY
785 LARKVIEW STREET
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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, MSHA, Executive Director 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOPFI, CHARLES	1.2 NAME	Olsen, Gary M.
STREET ADDRESS	45 YAWL DRIVE	1.3 STREET ADDRESS	245 E. Grant Avenue
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	VTR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOD, KAREN	2.2 NAME	Larry Weber
STREET ADDRESS	4155 S. TROPICAL TRAIL	2.3 STREET ADDRESS	201 International Drive
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	Cape Canaveral FL 32920
TITLE	STR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONENBERGER, GREG	3.2 NAME	Benton, Sherry
STREET ADDRESS	91 E. MERRITT ISLAND CSWY	3.3 STREET ADDRESS	835 First Street
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	Merritt Island FL 32920
TITLE	TTR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHRIS	4.2 NAME	Rood, Karen
STREET ADDRESS	150 FORTENBERRY RD. VILLA A	4.3 STREET ADDRESS	4155 S. Tropical Trail
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	Merritt Island FL 32952
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, TERRY	5.2 NAME	Same
STREET ADDRESS	785 LARKVIEW STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Terry Shepherd, MSHA, Executive Director 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)