

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F49357** (9)

1. Corporation Name

WINTER PARK PHYSICAL THERAPY, INC.



Principal Place of Business

**2711 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

Mailing Address

**2711 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 32806
26 **40 PAUL GOLDSTEIN
1414 KUHIL AVENUE
OLRANDO FL**
27
28
29
30

3. Date Incorporated or Qualified
10/12/1981

3a. Date of Last Report
05/01/1995

4. FFI Number

59-2141100

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

**ROOFNER, MARILYN A
636 W SECOND AVENUE
WINDERMERE, FLORIDA
32786**

10. Name and Address of New Registered Agent

**PAUL GOLDSTEIN
1414 KUHIL AVENUE
ORLANDO FL**

81

82

83

84 City

FL

85

Zip Code

32806

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 607.0502, Florida Statutes.

SIGNATURE

Paul Goldstein
Signature, typed or printed name of registered agent and filer of application

(NOTE: Registered Agent's signature required with all filings)

4/26/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, MARLENE	
STREET ADDRESS	2711 W FAIRBANKS AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	ROOFNER, LARRY	
STREET ADDRESS	2711 W FAIRBANKS AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROOFNER, MARILYN A	
STREET ADDRESS	2711 W FAIRBANKS AVE.	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

**D JOHN BOZARD
1414 KUHIL AVENUE
ORLANDO FL**

☐ Change

☒ Addition

**TD PAUL GOLDSTEIN
1414 KUHIL AVENUE
OLRANDO FL**

☐ Change

☒ Addition

**D GARRY SINGLETON
1414 KUHIL AVENUE
ORLANDO FL**

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

**PD JOHN HILLENMEYER
1414 KUHIL AVENUE
ORLANDO FL**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
DATE

(407)841-5131
Display Phone

CR2E034 (12/95)