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FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004564 (7)**

1. Corporation Name

**SUNBELT PHYSICAL THERAPY P C**

Principal Place of Business

**2685 N. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136**

Mailing Address

**2685 N. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/29/1997**

4. FEI Number

**63-1013897**

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

2. Principal Place of Business

21 **2685 N. Ocean Shore Blvd**

Suite, Apt. #, etc.

22 **Flagler Beach, FL**

City & State

23 **32136**

Zip

Country

25 **USA**

2a. Mailing Address

26 **2685 N. Ocean Shore Blvd**

Suite, Apt. #, etc.

27 **Flagler Beach, FL**

City & State

28 **32136**

Zip

Country

30 **USA**

9. Name and Address of Current Registered Agent

**YOUNG, GLORIA J  
2685 N. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136**

10. Name and Address of New Registered Agent

81 Name

**N/A**

82 Street Address (P.O. Box Number is Not Acceptable)

**N/A**

83

**N/A**

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

*Gloria J. Young, Ed. R. PT*

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

(NOTE: Registered Agent signature required when reinstating)

**2/19/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **YOUNG, GLORIA J DR.**  
STREET ADDRESS **2685 N. OCEAN SHORE BLVD.**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **V** ☐ DELETE

NAME **GRAHAM, C. PAUL DR.**  
STREET ADDRESS **2685 N. OCEAN SHORE BLVD.**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **S** ☐ DELETE

NAME **CARTER, TOYA**  
STREET ADDRESS **#50 PRICE LANE**  
CITY-ST-ZIP **PALM COAST FL 32164**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

*Gloria J. Young, Ed. R. PT*

**2/19/98**

CR2E034 (10/97)