FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G81614 (1)

1. Corporate Name
CORAL GABLES PHYSICAL THERAPY, INC.

Principal Place of Business
747 PONCE DE LEON BLVD
STE #204
CORAL GABLES FL 33134

Mailing Address
747 PONCE DE LEON BLVD
STE #204
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1983
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-2340228 — 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. Is your corporation a qualified small business as defined in Section 288.703 of Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent
COFINO, PEDRO A., ESQ.
407 LINCOLN RD, STE 2B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL
B5 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation hereby consents to the appointment of the above designated registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
PST
VALDES, ZUNILDA
747 PONCE DE LEON #204
CORAL GABLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition
NAME
TITLE
ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information indicated on this report or supplemental information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attached amendment, or on other legal documents on file with the division of corporations.

SIGNATURE: Zunilda Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

SSN-448-4613

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