

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # G91815 (2)
1. Corporation Name
GCOC PHYSICAL THERAPY, INC.



Principal Place of Business: 7315 HUDSON AVE. HUDSON FL 34667
Mailing Address: 7315 HUDSON AVE. HUDSON FL 34667-1158

3. Date Incorporated or Qualified: 03/19/1984
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2549517
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: ZSCHAU, JULIUS J ESQUIRE, JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, 911 CHESTNUT STREET, CLEARWATER FL 34617

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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 and authorize and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PV	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BONATI, ALFRED O		12 NAME	
STREET ADDRESS: 7315 HUDSON AVE		13 STREET ADDRESS	
CITY, ST, ZIP: HUDSON FL		14 CITY, ST, ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'RYAN, CECILIA		12 NAME	
STREET ADDRESS: 7315 HUDSON AVENUE		13 STREET ADDRESS	
CITY, ST, ZIP: HUDSON FL		14 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		12 NAME	
STREET ADDRESS:		13 STREET ADDRESS	
CITY, ST, ZIP:		14 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		12 NAME	
STREET ADDRESS:		13 STREET ADDRESS	
CITY, ST, ZIP:		14 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		12 NAME	
STREET ADDRESS:		13 STREET ADDRESS	
CITY, ST, ZIP:		14 CITY, ST, ZIP	

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-08/19/97--01011--005
***165.00 ***165.00

COPY

14. I, the undersigned, certify that the information furnished herein is true and correct and that I am not aware of any information that would cause the information stated in Section 119.07(3)(b), Florida Statutes, to be false or misleading. I further certify that the information furnished herein is true and correct and that I am not aware of any information that would cause the information stated in Section 119.07(3)(b), Florida Statutes, to be false or misleading. I further certify that the information furnished herein is true and correct and that I am not aware of any information that would cause the information stated in Section 119.07(3)(b), Florida Statutes, to be false or misleading.

SIGNATURE: _____

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P.A.
ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III
BRUCE W. BARNES
JOHN T. BLAKELY
BRUCE H. BOKOR
GUY M. BURNS
JONATHAN S. COLEMAN
MICHAEL T. CRONIN
DUANE A. DAIKER

ELIZABETH J. DANIELS
LISA B. DODGE
MARION HALE
JAMES W. HUMANN
SCOTT C. ILGENFRITZ
FRANK R. JAKES
TIMOTHY A. JOHNSON, JR.
SHARON E. KRICK

ROGER A. LARSON
JOHN R. LAWSON, JR.*
MICHAEL G. LITTLE
MICHAEL C. MARKHAM
STEPHANIE T. MARQUARDT
DAVID J. OTTINGER
F. WALLACE POPE, JR.
DARRYL R. RICHARDS

DENNIS G. RUPPEL*
CHARLES A. SAMARKOS
JOHN A. SCHAEFER
PHILIP M. SHASTEEN
CHARLES M. TATELBAUM
JOAN M. VECCHIOLI
AMBER WILLIAMS
JULIUS J. ZSCHAU
*OF COUNSEL

PLEASE REPLY TO CLEARWATER

FILE NO. 35468.92049

August 12, 1997

VIA FEDERAL EXPRESS
ANNUAL REPORTS SECTION
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

Re: GCOC Physical Therapy, Inc.

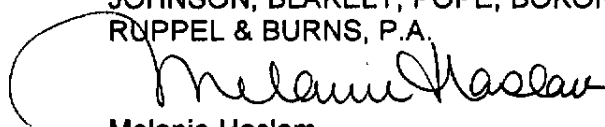
Dear Sir/Madam:

Pursuant to my telephone conversation with someone in your office, enclosed please find a copy of the original Annual Report for the above-referenced corporation, together with another check in the amount of \$165.00. The original Annual Report and Check #2416 were sent to you by Federal Express on April 29, 1997, together with Reports for other entities. The other Reports were processed; however, we received a Second Notice on GCOC Physical Therapy, Inc. When I placed a call to your Section, I was advised to have a copy of the Annual Report signed and send it in with another check.

Please process the enclosed. If you have any questions or any problems, please do not hesitate to contact me at 813-461-1818, extension 112.

Sincerely,

JOHNSON, BLAKELY, POPE, BOKOR,
RUPPEL & BURNS, P.A.



Melanie Haslam
Administrative Assistant

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911 CHESTNUT STREET
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INTERNET ADDRESS: JAYZ@JBPFIRM.COM

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