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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

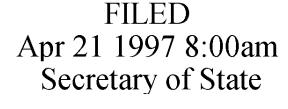
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H01387

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PHYSICAL THERAPY ASSOCIATES, P.A. HOLLY H. WISE, PH.D., P.T. IRA M. FIEBERT, PH.D., P.T. CRAIG H.





]	ce of Business	Mailing Address 6280 SUNSET DRIVE #606	· ·			1891 ALRIE A1813 BIBIT BIBIT 31	19 (1 D 1911 1981	
8280 SUNSET DRIVE #606 6280 SUNSET DRIV MIAMI FL 33143 MIAMI FL 33143-48)					
					Date Incorporated or Qualific 04/24/1984	3a. Date of Las 05/01/1996		
2, Principal F	Place of Business	2a. Mailing Address 26	<u>├</u>		4. FEI Number 59-2410767	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.	27			of Status Desired S8.75 Additional Fee Required		
City & State		City & State	<u></u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Ζφ 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\subseteq \text{No} \)			
	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Registered Agent		
PAH	IL, CRAIG H.		81	Name				
	32 SW 82ND CT MI FL 33157		82	Street A	Address (P.O. Box Number is Not Acceptable)			
mira	MI 1 E 00 107		83	!				
			84	City		FL 85 Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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								
Signalure, lyped or printed name of registered agent and title if applicable (NOTE for 12. OFFICERS AND DIRECTORS			13.	en signature i	ADDITIONS/CHANGES TO OF	DATE	ODC IN 10	
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	Change		
NAME	PAHL, CRAIG H.		1.2 NAME			1	, monitori	
STREET ADDRESS	18132 SW 82 COURT		1.3 STREET ADDRESS		••	·*	1	
CITY-ST-ZIP	MIAMI FL		1.4 City-St-ZiP					
TITLE			2.1 TITLE		VTS	Change	e Addition	
NAME	FIEBERT, IRA M.		2.2 NAME	1	FIEBERT, IRA M.		l	
STREET ADDRESS	2411 N.W. 32ND ST.				8297 BRIDLE PATH	I .		
CITY-ST-ZIP	BOCA RATON FL				BOCA RATON, FL 33	196		
TITLE	VS	☐ DELETE	3.1 TITLE V			X Change	e Addition	
NAME	WISE, HOLLY H.	· ·	3.2 NAME		WISE, HOLLY H.			
STREET ADDRESS	8230 SW 151 ST.				8230 SW 151 ST			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	S1-ZIP	MIAMI, FL			
TITLE		☐ DELETE	4.1 TITLE			L. Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		DELETE	4.4 CHY - ST - ZIP				Addison	
NAME		T Deceit	5.1 TITLE			Change	Addition	
STREET ADDRESS			5.2 NAME	ADDRECE				
CITY-ST-ZIP			5.3 STREET	1				
TITLE	ŧ,	DELETE	5.4 CITY - S 6.1 TITLE	ni-zir		Change	e Addition	
NAME	· · · · ·	For Section	62 NAME]		L. Onlange	,	
STREET ADDRESS	50)		63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY - S					
44 1 1								

I do hereby certify that the information supplied with this filing doe information indicated on this annual report or supplemental ansural am an officer or director of the corporation or the receiver true appears in Block 12 or Block 18 of changed, or open particular true. y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the use and locurate and that my signature shall have the same legal effect as if made under oath; that ered to execute this report as required by Chapter 607, Florida Statutes; and that my name