

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H17948 (1)

1. Corporation Name

**CITRUS PHYSICAL THERAPY & REHABILITATION CENTER,
INC.**

Principal Place of Business

**2507 HWY 44 WEST
INVERNESS FL 32650**

Mailing Address

**2507 HWY 44 WEST
INVERNESS FL 32650**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2438033

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

1004 MARILYN ST.

Suite, Apt. #, etc.

22

City & State

27

City & State

28

Fruitland Park, FL

24

Zip

25

Country

29

Zip

34731

30

LAKE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under ss. 198.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MUNDY, BRIAN L.
2507 HIGHWAY 44 WEST
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81

Name

MUNDY, BRIAN

82

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

1004 MARILYN ST.

83

84

Fruitland Park

FL

85

Zip Code

34731

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DST
MARSTON, COBURN A.
21 WEDGEWOOD LANE
LEESBURG FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Brian L. Mundy

BRIAN L. MUNDY

4/17/95

904-787-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Optional Phone #)