SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H28956** (1)

1. Corporation Name

PHYSICAL THERAPY PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD. SUITE 1070 CORAL GABLES FL 33134	2100 PONCE DE LEON BLVD. SUITE 1070 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1984
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 10609 SW 113 PLACE	26 10609 SW 113 PLACE
Suite, Apt. #, etc. 22 Z	Suite, Apt. #, etc. 27 Z
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33176 / 25 USA	Zip / Country 29 33176 / 30 USA

4. FEI Number: 59-2443560 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, CLAUDIA 2100 PONCE DE LEON BLVD., #1070 CORAL GABLES FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 10609 SW 113 PLACE 83 UNIT Z 84 City MIAMI FL 85 Zip Code 33176

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	JACKSON, CLAUDIA	12 NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD.	13 STREET ADDRESS	10609 - Z SW 113 PLACE	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	MIAMI, FLORIDA 33176	
TITLE	VST	21 TITLE	☒ Change ☐ Addition	
NAME	JACKSON, CLAUDIA	22 NAME		
STREET ADDRESS	2100 PONCE DE LEON, BLVD	23 STREET ADDRESS	10609 - Z SW 113 PLACE	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	MIAMI, FLORIDA 33176	
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: Claudia P. Jackson CLAUDIA JACKSON 7-27-95 (305) 442-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040663 CP