

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 15 10 51 AM '95

DOCUMENT # H50185 (8)
1. Corporation Name
**ORANGE PARK PHYSICAL THERAPY CLINIC, P.A., LYNNE
S. SWAGER, R.P.T., M.D.**

Principal Place of Business
**1414 KINGSLEY AVENUE, SUITE B
ORANGE PARK FL 32073**

Mailing Address
**1414 KINGSLEY AVENUE, SUITE B
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1985** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-2504386** 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**

7. The corporation has liability for intangible tax under § 199.055, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**SWAGER, ALAN R.
991 CHICKADEE LANE
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the P. applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
P	SWAGER, M. LYNNE	991 CHICKADEE LANE	ORANGE PARK FL
I	SWAGER, ALAN R.	991 CHICKADEE LANE	ORANGE PARK FL
AT	SWAGER, SUSAN A	991 CHICKADEE LANE	ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐
7				☐	☐
8				☐	☐

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)(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:

Alan R. Swager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-95 904 269 0585
Date Date