FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H77947** **(0)**

1. Corporation Name
JUPITER PHYSICAL THERAPY CENTER, INC.

Principal Place of Business
% SHIRLEY PEARSON
BUILDING 3000/SUITE 203
JUPITER FL 33458-7187
US

Mailing Address
% SHIRLEY PEARSON
BUILDING 3000/SUITE 203
JUPITER FL 33458-7187
US

3. Date Incorporated/Qualified: **09/26/1985**
3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-2591226**
Applied For / [X] 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. Is the corporation filed with, and subject to the provisions of Section 190.046, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
SHIRLEY PEARSON
210 JUPITER LAKES BLVD.
BUILDING 3000/SUITE 203
JUPITER FL 33458

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The registered office and the registered agent named below are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	[ ] DIR [ ] OFFICER
NAME	DP
STREET ADDRESS	PEARSON, SHIRLEY
CITY-ST-ZIP	2300 SOUTH DIXIE HWY., SUITE 101 MIAMI FL
TITLE	[ ] DIR [ ] OFFICER
NAME	DVST
STREET ADDRESS	FREEMAN,RONALD
CITY-ST-ZIP	2300 SOUTH DIXIE HWY., SUITE 101 MIAMI FL
TITLE	[ ] DIR [ ] OFFICER
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DIR [ ] OFFICER
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DIR [ ] OFFICER
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DIR [ ] OFFICER
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TITLE	[ ] Change [ ] Add
1a. NAME	
1b. STREET ADDRESS	
1c. CITY-ST-ZIP	
2. TITLE	[ ] Change [ ] Add
2a. NAME	
2b. STREET ADDRESS	
2c. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Add
3a. NAME	
3b. STREET ADDRESS	
3c. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Add
4a. NAME	
4b. STREET ADDRESS	
4c. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Add
5a. NAME	
5b. STREET ADDRESS	
5c. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Add
6a. NAME	
6b. STREET ADDRESS	
6c. CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that this form complies with the requirements of Section 607.0120, Florida Statutes. I further certify that the information indicated on this report or supplemental report filed herein