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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77947

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8805 S.E. Bridge Rd
Suite, Apt. #, etc.

22 City & State
Hohen Sound FL

23 Zip Country
33455 Martin

24 33455 25 Martin

2a. Mailing Address

26 Shirley Pearson
Suite, Apt. #, etc.

27 2300 S. Dixie Hwy #101
City & State

28 Miami FL

29 33133 30 Dade

3. Date Incorporated or Qualified

09/26/1985

4. FEI Number

59-2591226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

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 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

Shirley Pearson

Shirley Pearson

4-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PEARSON, SHIRLEY
STREET ADDRESS 2300 SOUTH DIXIE HWY., SUITE 101
CITY-ST-ZIP MIAMI FL

TITLE DVST
NAME FREEMAN, RONALD
STREET ADDRESS 2300 SOUTH DIXIE HWY., SUITE 101
CITY-ST-ZIP MIAMI FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Shirley Pearson

Date

4-19-99 305-854-4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR02EN341110R1