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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H87756** (3)
1. Corporation Name:
**UNIVERSITY PHYSICAL THERAPY AND REHABILITATION C
ENTER, INC.**



Principal Place of Business
**14499 NO DALE MABRY HWY
STE 210
TAMPA FL 33618
US**

Mailing Address
**14499 NO DALE MABRY HWY
STE 210
TAMPA FL 33618-2071
US**

3. Date Incorporated or Qualified
12/02/1985

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2688430

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

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

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

9. Name and Address of Current Registered Agent

**MAYHEW, DAVID EARLE
14499 NO DALE MABRY HWY
STE 210
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|----------------------|-----------------------|-----------------|--------------------------|
| PD | MAYHEW, DAVID EARLE | 13739 CHESTERSALL DR. | TAMPA FL | <input type="checkbox"/> |
| D | MAYHEW, SHARON STOWE | 13739 CHESTERSALL DR. | TAMPA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|--------------------------|
| 1.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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.

SIGNATURE: Sharon Mayhew 4/1/97 813-264-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)