

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J10020 (2)

1. Corporation Name

EMERALD COAST PHYSICAL THERAPY AND SPORTS REHABILITATION CENTER, INC.



Principal Place of Business

Mailing Address

928 E. MAR WALT DRIVE  
SUITE 104  
FT. WALTON BCH. FL 32547-6774

928 E. MAR WALT DRIVE  
SUITE 104  
FT. WALTON BCH. FL 32547-6774

3. Date Incorporated or Qualified  
04/18/1986

3a. Date of Last Report  
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

GARY, DIANNE L.  
928 E MAR WALT DRIVE  
SUITE 104  
FT. WALTON BCH. FL 32548

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 title, if applicable

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

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PVTS  
GARY, DIANNE L  
954 SHALIMAR PT DR.  
SHALIMAR FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V  
JENKINS, DONNA  
928 E. MAR WALT DRIVE  
FT. WALTON BCH. FL 32547-6774

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

T  
WORK, K. SCOTT  
806 OVERBROOK DRIVE  
FT. WALTON BEACH FL 32547

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

S  
WOODWARD, JODY  
928 E. MAR WALT DRIVE  
FT. WALTON BCH. FL 32547-6774

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
NOETHEN, DEBORAH  
928 E. MAR WALT DRIVE  
FT. WALTON BCH. FL 32547-6774

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

268 KIDD ST  
FT. WALTON BCH. FL 32548

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

33 WINDSOR LAKE  
FT. WALTON BCH. FL 32548

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

72 COBIA ST.  
DESTIN, FL 32541

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

108 Fulmar Cir  
FT. WALTON BCH. FL 32548

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

153 LAKE LORRAINE Cir  
SHALIMAR, FL 32579

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

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:

*Dianne Gary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96 904 863-4947

Date

Day/State/Phone #

CR2E034 (12/95)