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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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
928 E. MAR WALT DRIVE
SUITE 104
FT. WALTON BCH. FL 32547-6774

Mailing Address
928 E. MAR WALT DRIVE
SUITE 104
FT. WALTON BCH. FL 32547-6706

3. Date Incorporated or Qualified 04/18/1986	3a. Date of Last Report 08/08/1996
4. FEI Number 59-2658522	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc. 22. 268 Kidd St 23. Ft. Walton Bch., FL 24. 32548	26. State, Apt. #, etc. 27. P.O. Box 1838 28. FWB, FL 29. 32549
25. Okaloosa	30. Okaloosa

9. Name and Address of Current Registered Agent
GARY, DIANNE L.
928 E MAR WALT DRIVE
SUITE 104
FT. WALTON BCH. FL 32548

10. Name and Address of New Registered Agent
81 Name: BAINTER, DIANNE L.
82 Street Address (P.O. Box Number is Not Acceptable): 268 Kidd St
83 City: FWB, FL
84 City: FWB, FL
85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0602 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, _____, do hereby accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *Dianne L. Bainter*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY, DIANNE L	1.2 NAME	BAINTER, DIANNE L
STREET ADDRESS	268 KIDD STREET	1.3 STREET ADDRESS	268 Kidd St
CITY - ST - ZIP	FORT WALTON FL	1.4 CITY - ST - ZIP	FT. WALTON Bch., FL 32548
TITLE	V	2.1 TITLE	VICE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, DONNA	2.2 NAME	
STREET ADDRESS	33 WINDSOR LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BCH. FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	TREASURER, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORK, K. SCOTT	3.2 NAME	
STREET ADDRESS	72 COBRA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	WOODWARD, JODY	4.2 NAME	
STREET ADDRESS	108 FULMAR CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOETHEN, DEBORAH	5.2 NAME	
STREET ADDRESS	833 LAKE LORRAINE CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SHAMILAR FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Dianne L. Bainter* DIANNE L. BAINTER 3-14-97 243 2544 (914)

CR2E034 (9/96)