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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10020

Principal Place of Business

268 K100 ST

EMERALD COAST PHYSICAL THERAPY AND SPORTS REHABI LITATION CENTER, INC.

Mailing Address

PO BOX 1838

BCH. FL 32548		FT. WALTON BCH. FL 32549 US				DO NOT WRITE IN THIS SPACE		
	0.	,				3. Date Incorporated or Qualifed 04/18/1986		
Place of Business	2a	· Mailing Address				4. FEI Number	A	pplied For
	26					59-2658522		lot Applicable
t. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	,	Additional Required
ate	 - '	City & State				6. Election Campaign Financing	\$5.00	May Be
	28					Trust Fund Contribution	Added	to Fees
Country	Т,	Zip	Cou	untry		8. This corporation owes the current year	r Intangible	}
25	29		30			Personal Property Tax.	☐ Yes	□No
9. Name and Address of Currer	t Regis	stered Agent		I_		10. Name and Address of New Registe	red Agent	
				81	Name			
inter, dianne L.				02	Ctroot Addr	acc (D.O. Box Number is Not Accentable)		
8 K100 ST				02	Street Addi	ess (F.O. DOX Number is Not noospiable)		
ITE 104				83				
. WALTON BCH. FL 32548								
				84	City		FL 185 Zir	Code
10. 11	2 and 6	207 1509 Florida Statut	os the a	hove	named com			s registered
r registered agent, or both, in the State	of Flori	da. Such chande was a	uthonze	a by :	the corporation	on's board of directors. I hereby accept the a	ppointment as	egistered
am familiar with, and accept the obliga	tions of	f, Section 607.0505, Flo	rida Stat	tutes,	,			j
E						DAT		
					t signature require	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
	ואוט טואו		_			ADDITIONS/CHANGES TO CITICEN		
· =		☐ DELETE	1					
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ss 268 KIDD STREET			1.3 S	TREET	ADDRESS			1
FORT WALTON FL			1.4 C	ITY-SI	r-zip			CT Addition
ST		☐ DELETE	2.1 Ti	TLE			☐ Change	Addition
***************************************			0.01	IAME	1			
WORK, K. SCOTT			2.2 N	NAME:	1			1
					ADDRESS			
55 72 COBRA STREET			2.3 \$					
		☐ DELETE	2.3 \$	TREET			☐ Change	Addition
55 72 COBRA STREET		☐ DELETE	2.3 S 2.4 C	TREET CITY-S TILE			☐ Change	Addition
72 COBRA STREET DESTIN FL		☐ DELETE	2.3 S 2.4 C 3.1 TI 3.2 N	TREET CITY-S TILE LAME			☐ Change	Addition
55 72 COBRA STREET		☐ DELETE	2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET CITY-S TILE LAME STREET	T-ZIP		Change	Addition
72 COBRA STREET DESTIN FL		☐ DELETE	2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	CITY-S TITLE HAME STREET CITY-S	T-ZIP		☐ Change	
72 COBRA STREET DESTIN FL			2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 34. C 4.1 TI	CITY-S' TILE AME STREET CITY-S' TILE	T-ZIP			
72 COBRA STREET DESTIN FL			2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 34. C 4.1 TI 4.2 N	TREET CITY-S TITLE LAME STREET CITY-S TITLE NAME	T-ZIP T ADDRESS T-ZIP			
72 COBRA STREET DESTIN FL			23 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TREET CITY-S TILE LAME STREET CITY-S TILE NAME	T-ZIP T ADDRESS T-ZIP T ADDRESS			
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72 COBRA STREET DESTIN FL		☐ DELETE	23 S 2.4 C 3.1 Til 3.2 N 3.3 S 3.4 . C 4.1 Til 4.2 N 4.3 S 4.4 C 5.1 Til 5.2 N	CITY-S TILE LAME STREET CITY-S TILE NAME STREET CITY-S TILE LAME LAME LAME LAME LAME LAME LAME LA	T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		Change	a ∏ Addition
72 COBRA STREET DESTIN FL		☐ DELETE	238 2.40 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	ITREET ITLE IAME STREET CITY-S ITLE NAME STREET CITY-S ITLE IAME ITLE IAME	T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		Change	a ∏ Addition
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	Place of Business It. #, etc. ate Country 25 9. Name and Address of Currer INTER, DIANNE L. 8 K100 ST ITE 104 WALTON BCH. FL 32548 Int to the provisions of Sections 607.050 r registered agent, or both, in the State am familiar with, and accept the obligate Signature, typed or printed name of registered age OFFICERS AN PD BAINTER, DIANNE 268 KIDD STREET FORT WALTON FL ST	Place of Business 2a 2t. #, etc. 27 ate 28 Country 29 9. Name and Address of Current Regis INTER, DIANNE L. 8 K100 ST ITE 104 WALTON BCH. FL 32548 And to the provisions of Sections 607.0502 and 6 or registered agent, or both, in the State of Flori arm familiar with, and accept the obligations of E Signature, typod or printed name of registered agent and title OFFICERS AND DIRI PD BAINTER, DIANNE 268 KIDD STREET FORT WALTON FL	Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 27 ate City & State 28 Country 25 9. Name and Address of Current Registered Agent INTER, DIANNE L. 8 K100 ST ITE 104 WALTON BCH. FL 32548 And to the provisions of Sections 607.0502 and 607.1508, Florida Statute or registered agent, or both, in the State of Florida. Such change was a arm familiar with, and accept the obligations of, Section 607.0505, Florida Statute or registered agent, or both, in the State of Florida. Such change was a arm familiar with, and accept the obligations of, Section 607.0505, Florida Statute or registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS) PD BAINTER, DIANNE 268 KIDD STREET FORT WALTON FL ST DELETE	Place of Business 2a. Mailing Address 2b. 2c. Suite, Apt. #, etc. 27 ate Country Zip Country Zip Country Zip Country Zip 30 9. Name and Address of Current Registered Agent INTER, DIANNE L. 8 K100 ST ITE 104 WALTON BCH. FL 32548 And to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the arregistered agent, or both, in the State of Florida. Such change was authorize arm familiar with, and accept the obligations of, Section 607.0505, Florida State Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD BAINTER, DIANNE SS 268 KIDD STREET FORT WALTON FL DELETE 138 DELETE 140 DELETE 217	Place of Business 2a. Mailing Address 25 t. #, etc. Suite, Apt. #, etc. 27 ate City & State 28 Country Zip Country Zip Country Zip Country All State B1 INTER, DIANNE L. B K100 ST IITE 104 WALTON BCH. FL 32548 And to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes E Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TITLE 1.2 NAME 1.3 STREET 1.3 STREET 1.4 CITY-S TITLE DELETE 2.1 TITLE 2.1 TITLE 1.4 CITY-S TITLE DELETE 2.1 TITLE 2.1 TITLE	Place of Business 2a. Mailing Address 26 bt. #, etc. Suite, Apt. #, etc. City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent INTER, DIANNE L. 8 K100 ST IITE 104 WALTON BCH. FL 32548 84 City Walton and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. E Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. PD BAINTER, DIANNE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	US 3. Date Incorporated or Qualifed O4/18/1986 Place of Business 2a. Mailing Address 2b. L. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. Country 2c. Description owes the current year personal Property Tax. 3. This corporation owes the current year personal Property Tax. 3. Name and Address of Current Registered Agent INTER, DIANNE L. 8 K100 ST ITE 104 8 WALTON BCH. FL 32548 8 It is to the provisions of Sections 507.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the amount of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the amount of the purpose of printed name of registered agent and site if applicable. Signature. typed or printed name of registered agent and site if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER PD BAINTER, DIANNE 28. KIDD STREET 13. STREET ADDRESS 14. CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/18/1986 Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Ad

SIGNATURE:

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 changes or on an attachment with an address, with all other like empowered.

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90140 046 ***150.00