

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:10

DOCUMENT # J61698

(3)

1. Corporation Name

COMPREHENSIVE PHYSICAL THERAPY & REHABILITATIVE
SERVICES, INC.

Principal Place of Business

9929 PINE BLVD.
PEMBROKE PINES FL 33024-6228

Mailing Address

9929 PINE BLVD.
PEMBROKE PINES FL 33024-6228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1987

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2772291

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

9. Name and Address of Current Registered Agent

WALTERS, GARY SCOTT
9929 PINES BLVD.
PEMBROKE PINES FL 33024

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

(Signature of person or persons for and on behalf of registered agent, and title of agent, if any)

(Signature of Registered Agent, if not the registered agent, then the name of the person or persons for and on behalf of the registered agent, and title of agent, if any)

(AT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE PD
NAME WALTER, GARY SCOTT
STREET ADDRESS 9929 PINES BLVD.
CITY, ST, ZIP PEMBROKE PINES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE STD
NAME FISHER, TOM
STREET ADDRESS 9929 PINES BLVD.
CITY, ST, ZIP PEMBROKE PINES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

(Signature of officer or director)

GARY WALTERS

1/11/95 305 437 8099