FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90001 042 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** J62511

1. Corporation Name

PLAZA PHYSICAL THERAPY AND REHABILITATION. INC.

I CALA	THOIOTE, THEIRE THE						
Principal Place of Business Mailing Address							יספר נויפות נוסנם נוסנם נוסנם נוסנם נוסנם נוסנם נוסנם וסנום וספנון סנונם פנונם
1111 12TH STREET 1111 12TH ST							
SUITE 203 SUITE 112							DO NOT WRITE IN THIS SPACE
KEY WEST FL 33040 KEY WEST FL 33040							3. Date Incorporated or Qualifed
		US					03/18/1987
Principal Place of Business     2a. Mailing Address							4. FEI Number Applied For
21							59-2804470 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired
City & State City & State			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6. Election Campaign Financing \$5.00 May Be
23 28							Trust Fund Contribution Added to Fees
Zip	Country	CountryZipCou					8. This corporation owes the current year Intangible
24	25		30				Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent			<del></del>	_	10. Name and Address of New Registered Agent
100	IGNOOD BORIN			81	Na	me	
LOCKWOOD, ROBIN				82	Str	eet Addre	ress (P.O. Box Number is Not Acceptable)
1111 12TH ST							
STE 112 KEY WEST FL 33040				83	ļ		
NET	WEST FL 33040			84	Cit	·	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							
SIGNATORE	Signature, typed or printed name of registered ag			Agen	nt signa	ture required	d when reinstating)  DATE  OFFICIAL PROPERTY OF THE PROPERTY O
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D	☐ DELETE	1.1 TII			-	Change E Addition
NAME .	LOCKWOOD, JOHN M.		1.2 NA				
STREET ADDRESS	T				TADDR	ESS	·
CITY-ST-ZIP	KEY WEST FL	□ DELETE	1.4 CITY-S		T-ZIP_	<del></del> -	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE				Change CAddition
NAME .	LOCKWOOD, ROBIN ROY			2.2 NAME 2.3 STREET ADDRESS		[	
STREET ADDRESS	1111 12TH ST. #203					- 1	
CITY-ST-ZIP	KEY-WEST FL	(EY+WEST FL 2.4C . □ DELETE 3.1 Tr			ST-ZIP	+	Change Addition
THILE	•	. (	3.1 M				
NAME					T ADDR	E 9	
STREET ADDRESS					I ADDR ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TI		31-ZIP		☐ Change ☐ Addition
			4.2 N				
NAME			B		T ADDR	ESS	
STREET ADDRESS	· .		4.4 CF				
CITY-ST-ZIP		DELETE	5.1 11		1-21	+	☐ Change ☐ Addition
NAME			5.2 N				
STREET ADDRESS			5.3 ST	REET	TADOR	ESS	•
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP	1	
TITLE		☐ DELETE	6.1 TT	TLE		_	☐ Change ☐ Addition
NAME	1		6.2 NA	ME			
STREET ADDRESS			6.3 \$1	REET	T ADDF	ESS	
					T-ZIP	1	

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, with all other like empowered.

SIGNATURE:

Daytime Phone #