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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90190 050 \*\*\*150.00

| $\Box$ | OCUMENT          | # |   | 9 | 95 | 1 | 4 |
|--------|------------------|---|---|---|----|---|---|
| 1.     | Corporation Name |   | _ |   |    | • | • |

EAST COAST PHYSICAL THERAPY INC.

| Principal Place of Business   Mailing Address   Mailing Address   Page    |  |   |  |  |   |                                     |                            |
|---|--|---|--|--|---|-------------------------------------|----------------------------|
| 1500 E MILSBORD BLVD  | Principal Place of Business  | Mailing Address                         |  |  | -   |                                     | (#II #I#II }##             |
| PASS       | ·  | 1500 F HILLSBORO BLVD                   |  |  |   |                                     |                            |
| DEBRFIELD FL 38441 US  US  US  3. Date Incorporation or Qualified 10/26/1987  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporation or Qualified 10/26/1987  Suife, Apt. #, etc. 2. Suife, Apt. #, etc. 3. Suife, Apt. #, etc. 3. Suife, Apt. #, etc. 4. FEI Number 59-2686991  Suife, Apt. #, etc. 3. Suife, Apt. #, etc. 4. FEI Number 59-2686991  Suife, Apt. #, etc. 5. Certificate of Status Desired   \$8.75 Additional Fee Required 4. FEI Number 17. City & State 28. City & State 29. Country 29. Country 39. Name and Address of Current Registered Agent  19. Name and Address of Current Registered Agent  19. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation state of the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation state of the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation state of the purpose of changing fix registered agent, or both, in the State of Florids. Such change was authorized by the corporation state of the purpose of changing fix registered agent. The purpose of changing fix registered agent or both of the state of Florids. Such change was authorized by the corporation state of the purpose of changing fix registered agent. The purpose of changing fix registered to the purpose of changing fix registered agent. The purpose of ch |  |   |  |  |   |                                     |                            |
| 10/28/1987 2. Principal Place of Business 2. Mailing Address 2. A fell Number   Applied For   Sp-2688991   Not Applied For   Sp-2688991   Sp-2688991   Not Applied For   Sp-2688991   Sp-268991   Sp-  |  |   |  |  |   |                                     |                            |
| Principal Place of Business   | US   | US                                      |  |  | 1 -   |                                     | 1                          |
| Suite, Apt. #, etc.     |  |   |  |  |   |                                     | -0-45                      |
| Suife, Apt. #, etc.    Suife, Apt. #, etc.    | 2. Principal Place of Business   | 2a. Mailing Address                     |  |  | 1   | <u> </u>                            |                            |
| 27   S. Certificate of Status Desired   Fee Required   City & State   City & St    |  |   |  |  | 59-2686991  |                                     |                            |
| City & State  |  | <u> </u>                                |  |  | 5. Certificate of Status Desired  | •                                   | I                          |
| Zip   Country   Zip   Country   Zip   Country   R. This corporation owes the current year Intangle Ves   No   No   No   No   No   No   No   N   |  |   | _  |  | - Flatia Caracia Financia   | <del></del> _                       | <del></del>                |
| Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.   |  | <del></del>                             |  |  |   |                                     |                            |
| 9. Name and Address of Current Registered Agent  TRACHT, BETH A 161 SW 32ND AVE DEERFIELD FL 33442  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, life above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floride Statutes, life above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Floride Statutes, life above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Floride Statutes, life above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Floride Statutes, life above-named corporation's board of directors. I hereby accept the appointment as registered agent and interest accept the appointment as registered agent and interest accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment as registered agent and the first accept the appointment accept the appointment as registered agent and the first accept the appointment accept the appointment accept the a  |  |   | Country  |  |   |                                     |                            |
| 9. Name and Address of Current Registered Agent  TRACHT, BETH A 161 SW 32ND AVE DEERFIELD FL 33442  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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or private ranne of registered agent and ree at applicable.  INTILE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  INTILE  OFFICERS AND DIRECTORS IN 12. TITLE  OFFICERS AND DIRECTORS IN 1  | — ·  |   | ,  |  | 1   |                                     | □No                        |
| TRACHT, BETH A 161 SW 32ND AVE DEERFIELD FL 33442  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 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, 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, and familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0502 florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent agent agent agent agent  |  |   | <u> </u>   |  |   | d Agent                             |                            |
| 161 SW 32ND AVE DEERFIELD FL 33442  83  84 City  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 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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, hybeid or printed name of registered agent and dist if applicable.  NAME  PD  HAUGHIE, LAURA JEAN  STREET ADDRESS  161 S.W. 32ND AVE.  12 NAME  12 NAME  14 STREET ADDRESS  161 S.W. 32ND AVE.  15 STREET ADDRESS  161 S.W. 32ND AVE.  17 ST.ZIP  17 TILE  DELETE  DELETE  31 TILE  DEL  | 3. Italia alia Augusto et Coll   |   | 81 N   | Name                                     |   |                                     | <u>,</u>                   |
| 161 SW 32ND AVE DEERFIELD FL 33442  83  84 City  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 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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, hybeid or printed name of registered agent and dist if applicable.  NAME  PD  HAUGHIE, LAURA JEAN  STREET ADDRESS  161 S.W. 32ND AVE.  12 NAME  12 NAME  14 STREET ADDRESS  161 S.W. 32ND AVE.  15 STREET ADDRESS  161 S.W. 32ND AVE.  17 ST.ZIP  17 TILE  DELETE  DELETE  31 TILE  DEL  | TRACHT, BETH A   |   | 20/ 6  | N 4 A d d                                | O O Day Number is Not Acceptable)   |                                     |                            |
| 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 607.0503, Florida Statutes.  Signature.  Signature.  Signature, hyper or printed name of registered agent and title if applicable.  PD  | ·  |   | 82   | Street Addre                             | ess (P.O. Box Number is Not Acceptable)   |                                     | )                          |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or sooth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, among any appointment as registered agent and their applications of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and their applications. I hereby accept the appointment as registered agent and their applications. In the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent applications of Statutes. In the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. It am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. It am applications of the purpose of change agent age  | DEERFIELD FL 33442   |   | 83   |  |   |                                     |                            |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or sooth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, among any appointment as registered agent and their applications of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and their applications. I hereby accept the appointment as registered agent and their applications. In the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent applications of Statutes. In the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. It am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change is stated agent. It am applications of the purpose of change agent age  |  |   |  |  |   | 0 #   7 in C                        |                            |
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| Signature, typeed or princing name of registered agent and title if applicable. (NOTE: Registered Agent signature received when remetalisting)  | office or registered agent, or both, in the Stat   | te of Florida. Such change was auti     | norized by the   | amed corpo<br>e corporation              | oration submits this statement for the purpose<br>n's board of directors. I hereby accept the app | of changing its<br>cointment as reg | registered<br>gistered     |
| TITLE   | SIGNATURE  |   |  |  |   |                                     |                            |
| HAUGHIE, LAURA JEAN   12 NAME   1.3 STREET ADDRESS  | Signature, typed or printed name of registered a   | *************************************** |  | gnature required                         |   | AND DIRECTO                         | DS IN 12                   |
| 161 S.W. 32ND AVE.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   | Signature, typed or printed name of registered a  12. OFFICERS A   | AND DIRECTORS                           | 13.  | gnature required                         |   |                                     |                            |
| A CITY-ST-ZIP   DEERFIELD FL  | Signature, typed or printed name of registered a  12. OFFICERS A  TITLE PD   | AND DIRECTORS                           | 13.<br>1.1 TITLE   | gnature required                         |   |                                     | RS IN 12                   |
| TITLE   | 12. OFFICERS A TITLE PD HAUGHIE, LAURA JEAN  | AND DIRECTORS                           | 13.<br>1.1 TITLE<br>1.2 NAME   |  |   |                                     |                            |
| NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | Signature, typed or printed name of registered a  12. OFFICERS A  TITLE PD  NAME HAUGHIE, LAURA JEAN  STREET ADDRESS 161 S.W. 32ND AVE.  | AND DIRECTORS                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD   | DDRESS                                   |   |                                     |                            |
| STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Add    | Signature, typed or printed name of registered a  12. OFFICERS A  TITLE PD  NAME HAUGHIE, LAURA JEAN  STREET ADDRESS CITY-ST-ZIP DEERFIELD FL  | AND DIRECTORS  DELETE                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY- ST-ZI   | DDRESS                                   |   | ☐ Change                            | ☐ Addition                 |
| CITY-ST-ZIP   | Signature, typed or printed name of registered a  12. OFFICERS A  TITLE PD HAUGHIE, LAURA JEAN  STREET ADDRESS CITY-ST-ZIP  TITLE  SIGNATURE OF PRINTED AND AVE. DEERFIELD FL  | AND DIRECTORS  DELETE                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI 2.1 TITLE  | DDRESS                                   |   | ☐ Change                            |                            |
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| STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   | Signature, typed or printed name of registered a  12. OFFICERS A  TITLE PD HAUGHIE, LAURA JEAN  STREET ADDRESS CITY-ST-ZIP DEERFIELD FL  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AND DIRECTORS  DELETE                   | 13. 1.1 TITLE 12 NAME 1.3 STREET AD 1.4 CITY-ST-ZI 2.1 TITLE 22 NAME 2.3 STREET AD 2.4 CITY-ST-Z   | DDRESS<br>IP<br>DDRESS                   |   | Change                              | ☐ Addition                 |
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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:

COLOIRED OFFICER OR DIRECTOR

1/26/99 95

954-429-0-260 Daytime Phone #

R2E034 (11/98)