

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K04949 (9)  
1. Corporation Name  
L'IMAGE PHYSICAL THERAPY AND REHABILITATION, INC



Principal Place of Business  
9065 SW 87 AVE  
SUITE 102  
MIAMI FL 33176

Mailing Address  
9065 SW 87 AVE  
SUITE 102  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1987

4. FEI Number

65-0019918

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9764 SW 148 CT.

MIAMI, FL.

33196

US

9. Name and Address of Current Registered Agent

FRIEDRICH, ALAN C  
1270 SE MACARTHUR BLVD  
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name NASIM HASHMI

82 Street Address (P.O. Box Number is Not Acceptable)

9764 SW 148 COURT

83

84 City MIAMI

FL

85 Zip Code

33196

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

*Nasim Hashmi*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

1/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JAGODOWSKI, LORRAINE  
STREET ADDRESS 9065 SW 87 AVE., #102  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE DV  
NAME ALAN C. FRIEDRICH  
STREET ADDRESS 1270 SE MACARTHUR BLVD.  
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME HASHMI, NASIM  
1.3 STREET ADDRESS 9764 SW 148 CT  
1.4 CITY-ST-ZIP MIAMI, FL ☒ Addition

2.1 TITLE V/D  
2.2 NAME HASHMI, MARATIB  
2.3 STREET ADDRESS 9764 SW 148 CT  
2.4 CITY-ST-ZIP MIAMI FL ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Nasim Hashmi*

1/22/98 3052798157

CR2E034 (10/97)