

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K53506**

(7)

1. Corporation Name

KERR PHYSICAL THERAPY, INC.



Principal Place of Business

% DONALD JAMES KERR
453 RIVERSIDE DR., STE. 2
STUART FL 34994

Mailing Address

% DONALD JAMES KERR
453 RIVERSIDE DR., STE. 2
STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

**KERR, DONALD JAMES
453 RIVERSIDE DR.
SUITE 2
STUART FL 34994**

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of officer or director, or registered agent, or both

Signature of Agent for Service of Process

Date

12. OFFICERS AND DIRECTORS

TITLE

P

**KERR, DONALD JAMES
453 RIVERSIDE DR., STE.2
STUART FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

S

**KERR, AMY
453 RIVERSIDE DR., STE.2
STUART FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VP

**KERR, SCOTT, MICHAEL
453 RIVERSIDE DR STE 2
STUART FL**

☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

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