

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sanjay B. Mathur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K67936** (0)

1. Corporation Name

J & D PHYSICAL THERAPY, P.A.



Principal Place of Business

**C/O DAVID A. MOLINA
11520 SW 69 CT.
MIAMI FL 33156**

Mail to Address

**630 SAN SERVANDO AVE.
CORAL GABLES FL 33143**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

3. Date Incorporated or Organized

02/23/1989

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0143666

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. 190.032, Florida Statutes.

Yes No

9. Name and Address of Current Registered Agent

**MOLINA, DAVID A.
11520 SW 69 CT.
MIAMI FL 33156**

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 601.002 and 601.003, 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 hereby resigning and accepting the obligations of Section 601.002, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

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CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I, hereby certify that the information supplied with this filing is, in any instance, true and does not qualify for the exemption stated in Section 119.071(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person 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 checked, or on an attached sheet with an address.

SIGNATURE: *Jose A. Vazquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 305/464-2242

CR2E034 (12/95)