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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

K99049

PHYSICAL THERAPY AND AQUATIC REHABILITATION, INC.

Principal Place 29 NE 10Th	H ST.	Mailing Address 29 NE 10TH \$7.							
	D FL 33030-4613	HOMESTEAD FL 33	0030-4613		3. Date Incorporated o 06/28/1989	or Qualified 3s	a. Date of Last 01/17/		
2. Principa' Place of Business 1		2a. Mailing Address			4. FEI Number		Applied For		
_1 Suite, Apt. #		Suite, Apt. #, etc.			65-013395	9		Not Applicable	
City & State		27			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
3		City & State			6. Election Campaign F Trust Fund Contribut			00 May Be	
Ζφ <u>1</u>	Country 25	Zip 29		ıntry	8. This corporation has	liability for intanç	gible tax under s	ed to Fees 199.032,	
	9. Name and Address of Currer		30		Florida Statutes	☐ Yes 🔀	No		
				81 Name	10. Name and Address	s of New Hegis	tered Agent		
	rese, Elizabeth				reet Address (P.O. Box Number is Not Acceptable)				
20130 SW 304 STREET HOMESTEAD FL 33030				82 Street Add	ess (P.O. Box Number is Not Acceptable)				
11011120	71CAD 1 C 00000		l	63					
	the provisions of Sections 607.050? diagent, or both, in the State of Floric			84 City				ip Code	
SIGNATURE	d agent, or both, in the State of Floric , and scept the obligations of, Secti Charles							agont rum	
- s	distribution de printes name et registerent agent	and title Lappicable (NC	TE Registered	Calabre Agent signature requir	ed when reinstating)	02/05	ATE		
2.	OFFICERS AND	and title Lappicable (NC	TE Registered	Agent signature requir	SE Owner of when reinstating) ADDITIONS/CHANGE	D	AND DIRECTO		
2.	OFFICERS AND PST CALABRESE, ELIZABETH	and the Lappicable (NO DIRECTORS	TE Registered	Agent signafure requir	ed when reinstating)	D	ATE	DRS IN 12	
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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. Calabres Tlizabeth Calabrese OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Owner 02/05/96

Date

Daytime Phone ≢