

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K99049

1. Corporation Name

PHYSICAL THERAPY AND AQUATIC REHABILITATION, INC

May 06, 1999 8:00 am Secretary of State

05-06-1999 90230 016 ***150.00



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Principal Place of Business Mailing Address					F INDRIBITE BED EUGLID HAVE DREIT BESTE FINTE DIGIT DERET DIGIT DERET DIGIT DERET DIGIT	
29 NE 10TH ST. 29 NE 10TH ST. HOMESTEAD FL 33030-4613 HOMESTEAD FL 33030-4						
			613			
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	—
					06/28/1989	ĺ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	\dashv
21 26					65-0133959 Not Applica	─ ─
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additions	-
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be	\neg
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible	\
24	25	29 30)		Personal Property Tax.	
<u> </u>	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Registered Agent	
CAL	ADDECE ELIZADETU		81	Name		}
	ABRESE, ELIZABETH		82	Street Add	t Address (P.O. Box Number is Not Acceptable)	
20130 SW 304 STREET HOMESTEAD FL 33030				<u> </u>		—
HOW	15315AD FE 33030		83	1		1
			84	City	85 Zip Code	
				<u> L</u>	FL ⁶⁰ ²⁴ ³³³	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	i02 and 607.1508, Florida Statutes, e of Florida. Such change was auth	the abov orized by	e-named con the corporat	rporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registered	∌a
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	š.		
SIGNATURE					uired when reinstating) DATE	\
12.	Signature, typed or printed name of registered ag	NO DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	-
TITLE	PST	☐ DELETE	1.1 TITLE		Change Ad	
NAME	CALABRESE, ELIZABETH		1.2 NAME		_ , _	ĺ
STREET ADDRESS	20130 SW 304TH ST			T ADDRESS		- 1
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-S			- {
TITLE	D	☐ DELETE	2.1 TITLE	· -	☐ Change ☐ Ad	tition
NAME	CALABRESE, ELIZABETH		2.2 NAME			ĺ
STREET ADDRESS	20130 SW 304TH ST			T ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-5	ST-ZIP		Ì
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Ad	ition
NAME			32 NAME			- }
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP	_		3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad	dition
NAME			4. 2 NAME			
STREET ADDRESS			43 STREE	T ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Adi	lition
NAME			5.2 NAME			-
STREET ADDRESS			5,3 STREE	TADDRESS		
CITY-ST-ZIP			54 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	lition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		1

CITY-ST-ZIP 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: