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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCL	JMENT # L16268	} .		02-06-1999	90031 041 ***150.00	
i. Corporati	ion Name	•				
FAMILY	PHISICAL THERAPY CENT	ER INC.				
				(F ee thou a o that and a	TIÁIN BINDI IBN ANDN DION BHAN BHAN	
	<u> </u>					
	ace of Business	Mailing Address		I IMPIRATION CALLED BILLS	ramia meran enet mener meder deller McDft	MIREI MIÐII 1981
203 KINGSWA	AY RD	% JANIESSE RIVERA				,
STE B Brandon fl	33510	203 KINGSWAY RD. SB BRANDON FL 33510		DO NOT	WOITE IN THE ORLOS	
US	1 33370	US		3. Date Incorporated or Qua	WRITE IN THIS SPACE	1
		1		09/09/1989	amed	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number		oplied For
21		26	_	59-2966143	• —	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			\$9.75	Additional
22		27		5. Certifcate of Status Desir		equired
City & Sta	ate	City & State		6. Election Campaign Finan	cing	May Be
23 .		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the	• =	_
24	25 9. Name and Address of Curre	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of N	lew Registered Agent	
RIV	ERA, JANIESSE					
	04 CASTLE KEY LANE		82 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	
VAL	LRICO FL 33594		83	7 to 1 to	to but the existing a series grant bigin	50-00 00-00-00-0 50-00 00-00-00-00-00-00-00-00-00-00-00-00
					高於 医皮质侧的	
	Fred State Control		84 City	* * * * * * * * * * * * * * * * * * *	85 Zip (Códé
44 Dureupp	t to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above named cor		<u> </u>	
office or	registered agent, or both, in the State	of Florida. Such change was au	uthorized by the corporat	poration submits this statement to tion's board of directors. I hereby a	ir the purpose of changing its accept the appointment as re	registered gistered
	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was autions of, Section 607.0505, Flor	uthorized by the corporation of	poration submits this statement to tion's board of directors. I hereby a	ir the purpose of changing its accept the appointment as re	registered gistered
office or agent I a						registered gistered
	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature required 13.	red when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require	red when reinstating)		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE	nt and title if applicable. (NOTE:	Registered Agent signature requirements 13.	red when reinstating)	DATE D OFFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL	nt and title if applicable. (NOTE:	Registered Agent signature requirements 13.	red when reinstating)	DATE D OFFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE D OFFICERS AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D	nt and title if applicable. (NOTE:	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE D OFFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE	nt and little if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and little if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent eignature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and little if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent eignature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating)	DATE D OFFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and little if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent eignature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating)	DATE D OFFICERS AND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	DATE D OFFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating)	DATE D OFFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating)	DATE DOFFICERS AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating)	DATE D OFFICERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating)	DATE DOFFICERS AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature requis 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO	DATE DOFFICERS AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	Int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating)	DATE DOFFICERS AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PST RIVERA, JANIESSE 223 BELFORT PL VALRICO FL D RIVERA, JANIESSE 223 BELFORT PL VALRICO FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO	DATE DOFFICERS AND DIRECTO Change Change	Addition Addition 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

(813)654-3808

Daytime Phone #

034 (11/98)