


FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L66197				(9)	
1. Corporation Name SOUTHWEST PHYSICAL THERAPY, INC.					
Principal Place of Business 10000 STIRLING RD. STE. 7 COOPER CITY FL 33024			Mailing Address 10000 STIRLING RD. STE. 7 COOPER CITY FL 33024-8038		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
25			30		
9. Name and Address of Current Registered Agent					
FYFFE, BEVERLY 10000 STIRLING RD. STE. 7 COOPER CITY FL 33024				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1. TITLE		D		11. TITLE	
2. NAME		FYFFE, BEVERLY		12. NAME	
3. STREET ADDRESS		9850 STIRLING ROAD		13. STREET ADDRESS	
4. CITY-ST-ZIP		COOPER CITY FL		14. CITY-ST-ZIP	
5. TITLE				15. TITLE	
6. NAME				16. NAME	
7. STREET ADDRESS				17. STREET ADDRESS	
8. CITY-ST-ZIP				18. CITY-ST-ZIP	
9. TITLE				19. TITLE	
10. NAME				20. NAME	
11. STREET ADDRESS				21. STREET ADDRESS	
12. CITY-ST-ZIP				22. CITY-ST-ZIP	
13. TITLE				23. TITLE	
14. NAME				24. NAME	
15. STREET ADDRESS				25. STREET ADDRESS	
16. CITY-ST-ZIP				26. CITY-ST-ZIP	
17. TITLE				27. TITLE	
18. NAME				28. NAME	
19. STREET ADDRESS				29. STREET ADDRESS	
20. CITY-ST-ZIP				30. CITY-ST-ZIP	
21. TITLE				31. TITLE	
22. NAME				32. NAME	
23. STREET ADDRESS				33. STREET ADDRESS	
24. CITY-ST-ZIP				34. CITY-ST-ZIP	
25. TITLE				35. TITLE	
26. NAME				36. NAME	
27. STREET ADDRESS				37. STREET ADDRESS	
28. CITY-ST-ZIP				38. CITY-ST-ZIP	
29. TITLE				39. TITLE	
30. NAME				40. NAME	
31. STREET ADDRESS				41. STREET ADDRESS	
32. CITY-ST-ZIP				42. CITY-ST-ZIP	
33. TITLE				43. TITLE	
34. NAME				44. NAME	
35. STREET ADDRESS				45. STREET ADDRESS	
36. CITY-ST-ZIP				46. CITY-ST-ZIP	
37. TITLE				47. TITLE	
38. NAME				48. NAME	
39. STREET ADDRESS				49. STREET ADDRESS	
40. CITY-ST-ZIP				50. CITY-ST-ZIP	
41. TITLE				51. TITLE	
42. NAME				52. NAME	
43. STREET ADDRESS				53. STREET ADDRESS	
44. CITY-ST-ZIP				54. CITY-ST-ZIP	
45. TITLE				55. TITLE	
46. NAME				56. NAME	
47. STREET ADDRESS				57. STREET ADDRESS	
48. CITY-ST-ZIP				58. CITY-ST-ZIP	
49. TITLE				59. TITLE	
50. NAME				60. NAME	
51. STREET ADDRESS				61. STREET ADDRESS	
52. CITY-ST-ZIP				62. CITY-ST-ZIP	
53. TITLE				63. TITLE	
54. NAME				64. NAME	
55. STREET ADDRESS				65. STREET ADDRESS	
56. CITY-ST-ZIP				66. CITY-ST-ZIP	
57. TITLE				67. TITLE	
58. NAME				68. NAME	
59. STREET ADDRESS				69. STREET ADDRESS	
60. CITY-ST-ZIP				70. CITY-ST-ZIP	
61. TITLE				71. TITLE	
62. NAME				72. NAME	
63. STREET ADDRESS				73. STREET ADDRESS	
64. CITY-ST-ZIP				74. CITY-ST-ZIP	
65. TITLE				75. TITLE	
66. NAME				76. NAME	
67. STREET ADDRESS				77. STREET ADDRESS	
68. CITY-ST-ZIP				78. CITY-ST-ZIP	
69. TITLE				79. TITLE	
70. NAME				80. NAME	
71. STREET ADDRESS				81. STREET ADDRESS	
72. CITY-ST-ZIP				82. CITY-ST-ZIP	
73. TITLE				83. TITLE	
74. NAME				84. NAME	
75. STREET ADDRESS				85. STREET ADDRESS	
76. CITY-ST-ZIP				86. CITY-ST-ZIP	
77. TITLE				87. TITLE	
78. NAME				88. NAME	
79. STREET ADDRESS				89. STREET ADDRESS	
80. CITY-ST-ZIP				90. CITY-ST-ZIP	
81. TITLE				91. TITLE	
82. NAME				92. NAME	
83. STREET ADDRESS				93. STREET ADDRESS	
84. CITY-ST-ZIP				94. CITY-ST-ZIP	
85. TITLE				95. TITLE	
86. NAME				96. NAME	
87. STREET ADDRESS				97. STREET ADDRESS	
88. CITY-ST-ZIP				98. CITY-ST-ZIP	
89. TITLE				99. TITLE	
90. NAME				100. NAME	
91					

[illegible]

3. Date Incorporated or Qualified 04/16/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0212213		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
ess (P.O. Box Number is Not Acceptable)			
FL		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE.

3 if changed, or on an attachment with an address
Brenda L. Hill

D. 10

4/22/97

433-9262

CR2E034 (9/96)