

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1990	
4. FEI Number 65-0212213	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

FYFFE, BEVERLY  
10000 STIRLING RD.  
STE. 7  
COOPER CITY FL 33024

10. Name and Address of New Registered Agent

81. Name	SEAN KERR
82. Street Address (P.O. Box Number is Not Acceptable)	10000 STIRLING RD.
83. Suite	SUITE 7
84. City	COOPER CITY
85. Zip Code	FL 33024

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

*Sean Kerr* Sean Kerr, President

1/28/98

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	D	1.1 TITLE	PRESIDENT
NAME	FYFFE, BEVERLY	1.2 NAME	SEAN KERR
STREET ADDRESS	9850 STIRLING ROAD	1.3 STREET ADDRESS	10000 STIRLING RD. STE 7
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	COOPER CITY, FL 33024
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/TREASURER
NAME		2.2 NAME	MERY RAMIREZ
STREET ADDRESS		2.3 STREET ADDRESS	10000 STIRLING RD. STE 7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	COOPER CITY, FL 33024
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

*Sean Kerr* Sean Kerr, President 1/28/98 (954) 433-9762

CR2E034 (10/97)