

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:10

DOCUMENT # **L70551** (1)

1. Corporation Name

CLICK PHYSICAL THERAPY SERVICES, P.A.

Principal Place of Business

**2887 EAST TAMiami TR.
SUITE NO. 4
NAPLES FL 33962
US**

Mailing Address

**C/O WILDWOOD LANE
814 WILDWOOD LANE
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1990

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0197740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLICK, MYRON E.
814 WILDWOOD LANE
~~2887 EAST TAMiami TR.~~
NAPLES FL 33942**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

(Type or print name of person whose signature is required and the date of signature)

(Type, Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	CLICK, JANIS R.
STREET ADDRESS	814 WILDWOOD LANE
CITY, ST, ZIP	NAPLES FL
TITLE	DS
NAME	CLICK, JANIS R.
STREET ADDRESS	814 WILDWOOD LANE
CITY, ST, ZIP	NAPLES FL
TITLE	DST
NAME	CLICK, MYRON E.
STREET ADDRESS	814 WILDWOOD LANE
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Myron E. Click (Myron E. Click)

2-4-95

(813)793-7572

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR