	DI FACE DEAD	ALL INICT		PEEODE (SOME TI	INO TI IIO CODI		
	PLICATION FOR STATEMENT	FRUCTIONS BEFORE C A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS		ļ	FILED CRETARY OF STATE			
DOCUMENT # L70551 1. Corporation Name					97 OCT 29 AM 11: 15			
CLICK PHYSICAL THERAPY SERVICES, P.A.					the 10/30			
Principal P	ace of Business	0 88		1 (4 (1) (1)	ı dallır dilevə ilkibi birbi iral gibi; ir	āji ārāji ājāji diāji miāji reme		
2887 EAST TAMIAMI TR. C/O WILDWO SUITE NO. 4 814 WILDWO NAPLES FL 38782 NAPLES FL 38			19942					
US If above addresses are incorrect in any way, line through incorrect information and enter to be addresses.					ATEMENT 99			
			ing Office Address, If Applicable 4, [4. Date Incorpo	corporated or Qualified Business in Florida 05/03/1990		
Suite, Apt. #, etc. Suite, Apt.			, etc.		5. FEI Number		Applied For	
City & State City & Sta					6.	65-0197740 Not Applicable		
21034112 Country Zin3406			OS Country CEF			OF STATUS DESIRED 🔲 S	8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florance of Officers			Street Address of Each		——————————————————————————————————————			
1	Title(s) and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
DPT CLICK, JANIS R.			814 WILDWOOD LANE			NAPLES FL		
DS	CLICK, JANIS R.	814 WILDWOOD LANE			NAPLES FL .			
DST CLICK, MYRON E.			814 WILDWOOD LANE			NAPLES FL		
					i			
			51			DDDD23352458 -10/31/9701068015 *****750.00 *****750.00		
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered	l Agent	
CLICK, MYRON E. Street Address (i					P.O. Box Number is Not Acceptable)			
814 WILDWOOD LANE NAPLES FL 33942 Suite, Apt. #, E								
Ci				City State Zip Code				
10. I, being Signature of Registered	appointed the registered agent of the about	ve pamed corpo	oration, am familiar wi	h and accept the of	oligations of Section	on 607.0505, F.S.	*/97	
11. This corporation owes or has paid the current year								
	angible Personal Propert			Yes L	No 🛛		angible tax.)	
this rein owed by	that I am an officer or director or the recelv statement application, the reason for disso y the corporation have been paid and the n application is true and accurate, and my sig	ution has been ames of individ	eliminated, the corpo luals listed on this for	rate name satisfies in do not qualify for	the requirements an exemption und	of section 607.0401 or 617.6	0401, F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

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