

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96020 ✓

1. Corporation Name

PHYSICAL THERAPY WALK-IN CLINIC, P.A.

Principal Place of Business

1710 WEST MARTIN L. KING BOULEVARD
P O BOX 152784 (ZIP: 33684-2784)
TAMPA FL 33607
US

Mailing Address

1710 WEST MARTIN L. KING BOULEVARD
P O BOX 152784 (ZIP: 33684-2784)
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1990

4. FEI Number

12-59-3023182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 5348 Grand Blvd.

Suite, Apt. #, etc.

City & State

23 New Port Richey, FL

24 Zip 34652

Country

25 United States

2a. Mailing Address

26 5823 Imperial Key Dr

Suite, Apt. #, etc.

City & State

28 Tampa, FL

29 Zip 33615

Country

30 United States

9. Name and Address of Current Registered Agent

SANTIAGO, JOSE A.
1710 WEST MARTIN L. KING BOULEVARD
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83 5823 Imperial Key Drive

84 City

Tampa

FL

85 Zip Code

33615

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

TITLE D ☐ DELETE

NAME SANTIAGO, JOSE A
STREET ADDRESS 6702 GUNLOCK AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President ☒ Change ☐ Addition
JOSE A. SANTIAGO, M.D.
5823 IMPERIAL KEY DRIVE
TAMPA, FL 33615

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 003 ***150.00



0065394

CR2E034 (5/99)

PHYSICAL THERAPY WALK-IN CLINIC, P.A.

**5348 Grand Blvd.
New Port Richey, Fl. 34652**

593797-90013-3
L 96020

July 14, 1999

**Florida Department of State
Annual Reports Filing
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314**

RE: Document # L986020

Gentlemen:

Per our telephone conversation with your department today, enclosed please find our check No. 2030 dated July 14, 1999 in the amount of \$150.00.

Please be advised that we have relocated our practice from Tampa to New Port Richey in June 1998. We submitted the U.S. Post office change of address to your office but our address wasn't change.

Truly yours,

PHYSICAL THERAPY WALK-IN CLINIC, P.A.



Jose A. Santiago