

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L99488** (3)

1. Corporation Name

**SOUTH SEMORAN PHYSICAL THERAPY, P.A.**



Principal Place of Business

**1170 SOUTH SEMORAN BLVD.  
SUITE E  
ORLANDO FL 32807**

Mailing Address

**1170 SOUTH SEMORAN BLVD.  
SUITE E  
ORLANDO FL 32807**

3. Date Incorporated or Qualified  
**09/10/1990**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
**59-3030087**

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 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

**PRAVIN, JOSHI  
268 CHURCHILL DR.  
LONGWOOD FL 32779**

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, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when not a stockholder)

(Signature of Registered Agent required when not a stockholder)

DATE

**1-29-96**

12. OFFICERS AND DIRECTORS

1.1 NAME **DP JOSHI, PRAVIN** ☐ DELETE  
1.2 STREET ADDRESS **268 CHURCHILL DR**  
1.3 CITY-STATE-ZIP **LONGWOOD FL**

1.4 NAME ☐ DELETE  
1.5 STREET ADDRESS  
1.6 CITY-STATE-ZIP

1.7 NAME ☐ DELETE  
1.8 STREET ADDRESS  
1.9 CITY-STATE-ZIP

1.10 NAME ☐ DELETE  
1.11 STREET ADDRESS  
1.12 CITY-STATE-ZIP

1.13 NAME ☐ DELETE  
1.14 STREET ADDRESS  
1.15 CITY-STATE-ZIP

1.16 NAME ☐ DELETE  
1.17 STREET ADDRESS  
1.18 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 NAME ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 NAME ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 NAME ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 NAME ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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)(k), 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. (Attach attachment with an address)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**1-29-96**

CR2E034 (12/95)