FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 21 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01049--001
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M18156** **(3)**

1. Corporation Name
PHYSICAL THERAPY RESOURCES, INC.

Principal Place of Business	Mailing Address
805 EAST BROWARD BLVD #201 FT. LAUDERDALE FL 33301	805 EAST BROWARD BLVD #201 FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **07/18/1985**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **59-2591858** ☐ 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

CLAYTON, STEVEN
805 EAST BROWARD BLVD #201
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 _____ (Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	P	☑ Change ☐ Addition
NAME	CLAYTON, STEVEN	12 NAME	CLAYTON STEVEN	
STREET ADDRESS	1144 TYLER STREET	13 STREET ADDRESS	1144 TYLER STREET	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	HOLLYWOOD FL	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	CLAYTON, STEVEN	22 NAME		
STREET ADDRESS	1144 TYLER STREET	23 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP		
TITLE		31 TITLE	D	☐ Change ☑ Addition
NAME		32 NAME	JIM KSDAN	
STREET ADDRESS		33 STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	
CITY ST ZIP		34 CITY ST ZIP	ST. LOUIS, MO 63105	
TITLE		41 TITLE	S	☐ Change ☑ Addition
NAME		42 NAME	ALAN HENDERSON	
STREET ADDRESS		43 STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	
CITY ST ZIP		44 CITY ST ZIP	ST. LOUIS, MO 63105	
TITLE		51 TITLE	~~JOHN F~~ T	☐ Change ☑ Addition
NAME		52 NAME	JOHN FINKENKUAR	
STREET ADDRESS		53 STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	
CITY ST ZIP		54 CITY ST ZIP	ST. LOUIS, MO 63105	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	HICKLEY WAGNESPACK	
STREET ADDRESS		63 STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	
CITY ST ZIP		64 CITY ST ZIP	ST. LOUIS, MO 63105	

6/21

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)(i), Florida Statutes. I further certify that the information indicated on the 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: John R. Finkenkuar III 5/19/95 314-863-7432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210433 CP