**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

FILED
Jul 31 1996 8:00 am
Secretary of State

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

1. Corporation Name

**PHYSICAL THERAPY RESOURCES, INC.**
REHABCARE OUTPATIENT SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 805 EAST BROWARD BLVD #201<br>FT. LAUDERDALE FL 33301 | 805 EAST BROWARD BLVD #201<br>FT. LAUDERDALE FL 33301 |

3. Date Incorporated or Qualified: 07/18/1985
3a. Date of Last Report: 06/21/1995
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**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: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: Connie Bryan (Signature and type or print name of registered agent and, if applicable, the office held) JINNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE: 7/31/96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CLAYTON, STEVEN<br>1144 TYLER STREET<br>HOLLYWOOD FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | P, D<br>MORAN MAPLE<br>805 EAST BROWARD BLVD SUITE 201 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLAYTON, STEVEN<br>1144 TYLER STREET<br>HOLLYWOOD FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LSDAN, JIM<br>7733 FORSYTH BLVD SUITE 1700<br>ST LOUIS MO | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | 000001 [illegible] Addition<br>07/30/96--01109--054<br>****225.00 ****225.00 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HENDERSON, ALAN<br>7733 FORSYTH BLVD SUITE 1700<br>ST LOUIS MO | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | 7/31/96 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FINKENKELLER, JOHN<br>7733 FORSYTH BLVD SUITE 1700<br>ST LOUIS MO | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WAGUESPACK, HICKLEY<br>7733 FORSYTH BLVD SUITE 1700<br>ST LOUIS MO | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** V.P. FINANCE 7/25/96 954-763-7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MORAN MAPLE PRESIDENT 7/25/96 954-763-7644