SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M30764 (8)

1. Corporation Name
AMERICAN PHYSICAL THERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
C/O MALIK N. AHMAD 2000 N. 36TH AVENUE HOLLYWOOD FL 33021	C/O MALIK N. AHMAD 2000 N. 36TH AVENUE HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1986
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2682103 — 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	1525 SOUTH Andrews AVE		1525 South Andrews AVE
22	Suite, Apt. #, etc.: Suite #9	27	Suite, Apt. #, etc.: #9
23	City & State: FORT Lauderdale	28	City & State: FORT Lauderdale
24	Zip: 33316	29	Zip: 33316
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AHMAD, MALIK N. 2000 N. 36TH AVENUE HOLLYWOOD FL 33021	81 Name: AHMAD, MALIK N 82 Street Address (P.O. Box Number is Not Acceptable): 1525 SOUTH ANDREWS AVE#9 83 FORT Lauderdale 84 City: FL 85 Zip Code: 33316

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: M. Ahmad MALIK AHMAD, President — 7/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☒ Change ☐ Addition
NAME	AHMAD, MALIK N.	1 2 NAME	AHMAD, MALIK N
STREET ADDRESS	2000 N 36TH AVENUE	1 3 STREET ADDRESS	1525 SOUTH ANDREWS AVE #9
CITY ST ZIP	HOLLYWOOD FL	1 4 CITY ST ZIP	FORT Lauderdale FL 33316
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST 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, or on an attachment with an address.

SIGNATURE: M. Ahmad President, MALIK AHMAD 7/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: (305) 522-7111

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