FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

1	MENT # M3076 CAN PHYSICAL THERAPY					
Principal Plac	ce of Business	Mailing Address	- -		<u> </u>	
•		1525 S ANDREWS AVE				
1525 S ANDREWS AVE STE 9		STE 9				
FT LAUDERDALE FL 33316		FT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE		
US		U\$		3. Date Incorporated or Qualified		
		· · · · · · · · · · · · · · · · · · ·			04/21/1986	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For	
Suite, Apt. #, etc.		26		59-2682103	Not Applicable	
22		27		5. Cortificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Flection Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent
	imad, malik n.		81	Name		
	25 \$ ANDREWS AVE STE 9		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	71.4
FT	LAUDERDALE FL 33316					
			83			
			84	City		85 Zip Code
11 Digenant	to the provisions of Spetions 607 0	602 and 607 1609 Florida Ptatu	too the above r	anned corn		FL 3 Zip coda
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	tes, me above-r authorized by the	nameo corp ne corporat	poration submits this statement for the purpo- tion's board of directors. Thereby accept the	se of changing its registered appointment as registered
agent. i a	m familiar with, and accept the obl	igations of Section 607.0505, FI	iorida Statutes.			*
SIGNATURE	Signature, typod or printed name of registered -	recet and the diapet cable INO	If: Rog stored Agent	signature requir	red when reinstating) [JA	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 IDLE			Change Addition
NAME	ahmad, malik n.		1.2 NAME			
STREET ADDRESS	1525 S ANDREWS AVE STE	9 1.3 STREET ADDRESS		DRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CrTY-ST-ZIP		7IP		
TITLE			2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADORESS			2 3 STREET AD			
CITY-ST-ZIP TITLE		DUTE	2. 4 C(1Y+S1-7)P			
NAME		L., Deterie	L.J DELETE 3.1 TIPLE 3.2 NAME			Change Addition
STREET ADDRESS				Direc.		
CITY-ST-ZIP			3 3 STREET AD	1		
TITLE	100		3.4. CiTY - \$1 - ; 4.1 TITLE	/IF		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(1Y - S1 - Z(P			
TITLE		DELETE	5.1 11718	···		Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET ALE	DRESS		
CITY-ST-ZIP			54 CHY-SI-ZIP			
TITLE		□ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET ADI	DRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7	₹P		
maicatea	on this annual report of supplierien	tal annual report is true and acc	curate and that r	nv sionatur	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made	hunder palh: that I am an I I
Officer or o	director of the corporation or the re- or Block 13 if changed, or on an att	ceiver of trustee empowered to	execute this rep	ort as requ	pired by Chapter 607, Florida Statules; and the	nat my name appears in

FILED

Jan 15 1998 8:00am

Secretary of State