

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M96034 (7)

1. Corporation Name
BELTWAY WEST PHYSICAL THERAPY, INC.

Principal Place of Business

453 N. KIRKMAN RD.
SUITE 201
ORLANDO FL 32811

Mailing Address

453 N. KIRKMAN RD.
SUITE 201
ORLANDO FL 32811-1109

3. Date Incorporated or Qualified 08/26/1988
3a. Date of Last Report 04/01/1996

4. FEI Number 59-2914388
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

21 2881 S. Delaney Ave.
Suite Apt. # etc.

22

23 Orlando, FL.

24 32806 USA

2a. Mailing Address

26 P.O. Box 568288
Suite Apt. #, etc.

27

28 ORLANDO, FL.

29 32856-8288 30 USA

9. Name and Address of Current Registered Agent

MASHBURN, ERIC
102 EAST MAPLE STREET
WINTER GARDEN FL 34787

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 re-nesting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ROBERTS, ROBERT S	
STREET ADDRESS	453 N. KIRKMAN RD., STE. 201	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	DELETE
NAME	SCHWAB, TERRY	
STREET ADDRESS	453 N. KIRKMAN RD., STE. 201	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		Change	Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		Change	Addition
22 NAME	SCHWAB, TERRY		
23 STREET ADDRESS	2881 S. DELANEY AVE.		
24 CITY-ST-ZIP	ORLANDO, FL. 32806		
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 1/31/97 407-857-2500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)