

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90010 020 \*\*\*\*70.00

**DOCUMENT # N10681**

1. Entity Name  
**THE SOUTHEAST DISTRICT OF THE FLORIDA  
PHYSICAL THERAPY ASSOCIATION, INC.**



Principal Place of Business  
**16434 SW 67 CT  
PEMBROKE PINES, FL 33331 US**

Mailing Address  
**16434 SW 67 CT  
PEMBROKE PINES, FL 33331 US**

2. Principal Place of Business  
**13691 SW 49th Court**

3. Mailing Address  
**13691 SW 49th Court**

Suite, Apt. #, etc.

City & State  
**Miramar, Florida**

Zip  
**33027**

Country  
**USA**

08092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2622647**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROLNICK, MARK  
10002 NW 60TH CT  
PARKLAND, FL 33076**

**7. Name and Address of New Registered Agent**

Name  
**Macmillan Innocent**

Street Address (P.O. Box Number is Not Acceptable)  
**13691 SW 49th Court**

City  
**Miramar** **FL** Zip Code **33027**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Macmillan Innocent** **9/15/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTER, BELINDA 16434 S.W. 67 CT PEMBROKE PINES, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALTERS, BELINDA 17571 SW 7TH ST PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALLONE, KEVIN 5625 KINGS MILL COURT LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROLNICK, MARK 10002 NW 60TH CT PARKLAND, FL 33076 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> Nancy Gilman (Director) 2600 Greenwood Terrace G-209 Boca Raton, FL 33431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> Meryl Comiter (Director) 21633 Lynhurst Way Boca Raton, FL 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> Macmillan Innocent (Director) 13691 SW 49th Court Miramar, Florida 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> Danielle Ruffino (Trustee) 1115 Bel-Air Drive #4 Highland Beach, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Macmillan Innocent** **9/15/04** **(954) 559-2997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #