2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 8:00 am DOCUMENT # P0000041240 **Secretary of State** SUNCOAST PHYSICAL THERAPY, INC. 03-20-2001 90065 043 ***158.75 Mailing Address Principal Place of Business 13515 5TH AVE. N.E. 13515 5TH AVE. N.E. **BRADENTON FL 34202** Bradenton FL 34202 **UUU**4UJJ0 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 65-1004801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -COM HUNG THOMAS, LAWRENCE W ESQ Street Address (P.O. Box Number is Not Acceptable) 538 12TH ST. W. **BRADENTON FL 34205** 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. agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Ares: Lori L. Hunter TITLE Change . Addition Delete NAME NAME 13515 5H Ave. NE STREET ADDRESS STREET ADDRESS Bradenton, Pl. 34202 CITY-ST-ZIP CITY-ST-ZIP Director / Shamholder Addition 🔀 Change ☐ Delete TITLE Goseph M. Hammend NAME NAME où Glan Abbey La. STREET ADDRESS STREET ADDRESS Bradenton Fl. 34208 CITY-ST-7IP CITY-ST-ZIP Director / Sharehalder Change Addition TITLE ☐ Delete TITLE Aul W. Hartford NAME NAME 6927 21.+ West STREET ADDRESS STREET ADDRESS Bradenton, PL 84207 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE: