

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057357

1. Corporation Name

PHYSICAL THERAPY PROFESSIONALS & ASSOCIATES INC.
DBA Palm Coast Physical Therapy Center

Principal Place of Business

Mailing Address

28 PRINCE JOHNS LANE
PALM COAST FL 32164

28 PRINCE JOHNS LANE
PALM COAST FL 32164

-If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4 OFFICE PARK DR., POB 1

Suite, Apt. #, etc.

4 OFFICE PARK DR., POB 1

City & State

PALM COAST, FL

City & State

PALM COAST, FL 32137

Zip

32137

Country

USA

Zip

32137

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/04/2001

5. FEI Number

59-3718586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	DINOPOL, EMELDA	28 PRINCE JOHNS LANE	PALM COAST FL 32164
V	MARIANO, CORNELIA	28 PRINCE JOHNS LANE	PALM COAST FL 32164

200008816962
11/05/02-01015-003 **150.00

8. Name and Address of Current Registered Agent

JOHNS, MILTON
56401 TIMUQUANA RD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02

CR2E040 (8/02)

**Physical Therapy
Professionals &
Associates, Inc.**

4 Office Park Drive, POD 1
Palm Coast, FL 32137
(386) 447-7824
(386) 447-7864 fax

252

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

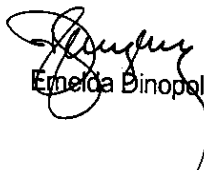
November 1, 2002

Dear Madam / Sir,

Please kindly accept the enclosed check for the amount of \$150.00 as payment of the Annual Report Fee and Corporate Supplemental Fee. Because of the nature of my profession as a physical therapist doing a lot of traveling as well as the change of mailing address of this corporation, I did not receive the previous notices sent and was not able to send payment timely. I would like this corporation to maintain its' "active" status. I also request that you change the mailing and office address as indicated in the form attached.

Thank you for your understanding and kind consideration.

Sincerely,


Emeida Binopol, PT