FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P36512** (2)

1. Corporation Name

PHYSICAL RESTORATION CENTER - GAINESVILLE, INC.

Principal Place of Business
2706 S.W. 34TH STREET
GAINESVILLE FL 32608

Mailing Address
2706 S.W. 34TH STREET
GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 11/21/1991
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5450 BEE CAVE ROAD
Suite, Apt. #, etc.
27 BLDG. 3-D
City & State
28 AUSTIN TX
Zip 29 78746 Country 30 USA

4. FEI Number: 74-2588708 ☐ 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

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 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 ______ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	FISH, RICHARD L.		1.2 NAME	
STREET ADDRESS	322 CONGRESS AVENUE		1.3 STREET ADDRESS	5450 BEE CAVE RD, BLDG. 3-D
CITY-ST-ZIP	AUSTIN TX		1.4 CITY-ST-ZIP	AUSTIN, TX. 78746
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	FISH, JANE A.		2.2 NAME	
STREET ADDRESS	322 CONGRESS AVENUE		2.3 STREET ADDRESS	BEE CAVE RD. BLDG. 3-D
CITY-ST-ZIP	AUSTIN TX		2.4 CITY-ST-ZIP	AUSTIN, TX. 78746
TITLE	DP	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	HERNDON, NEWLIN C., JR.		3.2 NAME	
STREET ADDRESS	322 CONGRESS AVENUE		3.3 STREET ADDRESS	BEE CAVE RD, BLDG. 3-D
CITY-ST-ZIP	AUSTIN TX		3.4 CITY-ST-ZIP	AUSTIN, TX. 78746
TITLE	VST	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, WILBUR		4.2 NAME	
STREET ADDRESS	322 CONGRESS AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Newlin C. Herndon — 1/26/96 — 512-306-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)