FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003771 (2)**

1. Corporation Name
1ST COAST PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
3643 A1A SOUTH ST. AUGUSTINE BEACH FL 32084	3643 A1A SOUTH ST. AUGUSTINE BEACH FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/05/1992**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 9802-8 Baymeadows Rd.	26 2200 Powell Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 800
City & State 23 Jacksonville, FL	City & State 28 Emeryville, CA
Zip / Country 24 32256 / 25 USA	Zip / Country 29 94608 / 30 USA

4. FEI Number: **59-3152400** ☐ 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	10. Name and Address of New Registered Agent
POWELL LYNNE 3643 A1A SOUTH SUITE A ST. AUGUSTINE FL 32084	81 Name: The Prentice-Hall Corporation System, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83: Suite 105 84 City: Tallahassee FL 85 Zip Code: 32301

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: X Vicki Schreiber 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PD ☒ Change ☐ Addition
NAME	POWELL, LYNNE	12 NAME	Glasser, Harvey
STREET ADDRESS	5566 PELICAN WAY	13 STREET ADDRESS	2200 Powell Street, Suite 800
CITY ST ZIP	ST. AUGUSTINE FL 32084	14 CITY ST ZIP	Emeryville, CA 94608
TITLE	D	21 TITLE	VSD ☒ Change ☐ Addition
NAME	ADUKIEWICZ, MARK W	22 NAME	Haas, Jim
STREET ADDRESS	4250 A1A SOUTH, N-15	23 STREET ADDRESS	2200 Powell Street, Suite 800
CITY ST ZIP	ST. AUGUSTINE FL 32084	24 CITY ST ZIP	Emeryville, CA 94608
TITLE		31 TITLE	TSD ☐ Change ☒ Addition
NAME		32 NAME	Murphy, Jim
STREET ADDRESS		33 STREET ADDRESS	2200 Powell Street, Suite 800
CITY ST ZIP		34 CITY ST ZIP	Emeryville, CA 94608
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	TS 4/24/95
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	500001465185
STREET ADDRESS		53 STREET ADDRESS	-04/26/95--01053--019
CITY ST ZIP		54 CITY ST ZIP	****200.00 ****200.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: X [signature] Dr. Harvey Glasser 4/20/95 510-420-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Telephone Number

0402000 FP