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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000006658 (8)

1. Corporation Name
PHYSICAL THERAPY OF ORLANDO, INC.



Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address
P.O. BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37202-0570
US

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
05/01/1996

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

2a. Mailing Address
26 PO Box 750
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number
75-2468133

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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	STEEN, DONALD E	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
V	WILCOX, WILLIAM H	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
S	FRANCK, JOHN M	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
AT	DOUGHERTY, KATHRYN K	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
V	JOHNSON, R. M	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	MOYAN, GEORGE	13455 NOEL RD	20TH FL DALLAS TX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	Pritchett, Thomas	13455 NOEL RD	20TH FL DALLAS TX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date: 4/20/97
Daytime Phone # _____
0476706

CR2E034 (9/96)