

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000216 (0)

1. Corporation Name

ANTHONY PHYSICAL THERAPY SERVICES, INC.

Principal Place of Business

3134 31ST AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

3134 31ST AVENUE NORTH
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1992

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3155407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for alternate tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTHONY, STEVEN L
3134 31ST AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

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

83

84 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

(Signature of person or persons authorized to sign this statement)

(Signature of Registered Agent or person authorized to sign this statement)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

DPS

ANTHONY, BEVERLY B

3134 31ST AVENUE NORTH

ST. PETERSBURG FL 33713

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

DVT

ANTHONY, STEVEN L

3134 31ST AVENUE NORTH

ST. PETERSBURG FL 33713

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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4. CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), 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:

Steven L. Anthony

STEVEN L. ANTHONY, V.P./TREAS, 425-95 (813) 525-2897

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR