FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P9300000216 (0)

ANTHO	DNY PHYSICAL THERAPY SE	, ,			
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		88111 88118 11881 11918 8111 1881
3134 31ST AVENUE NORTH ST. PETERSBURG FL 33713		3134 31ST AVENUE NORTH ST. PETERSBURG FL 33713			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/28/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3155407	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	[28] Zip	Country	8. This corporation owes or has paid the	
24	25	├ ─1	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
AN	ITHONY, STEVEN L		81 Name		
3134 31ST AVENUE NORTH			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ST	. PETERSBURG FL 33713		00		
			83		
:			84 City		85 Zip Code
44 Purguant	to the provisions of Sections 607 0502	and 607 1508. Florida Stalule	s the above-named cor		
office or r agent. La	registered agent, or both, in the State c im familiar with, and accept the obligat	of Florida. Such change was a lions of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the purpos ition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
	Signature, typed or priviled name of regenered agent OFFICERS AND	the state of the same and the s	: Registered Agent signature requ	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
12.	DPS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME	ANTHONY, BEVERLY B		1.2 NAME		- • -
STREET ADDRESS	3134 31ST AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	\$T. PETERSBURG FL 33713		1.4 CITY-ST-ZIP		
TITLE	DVT	DELETE	2.1 11TLE		Change Addition
NAME	ANTHONY, STEVEN L		2.2 NAME		
STREET ADORESS	3134 31ST AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	□ 8664E	2.4 CITY-ST-ZIP		
TITLE		DETE 1E	3.1 TITLE		Change Addition
NAME CTOCCT ADODGED			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE	, _ , _ , , , , , , , , , , , , , , , ,	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dourte	5.4 CITY-ST-ZIP		Change 1 44.00
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

14. Thereby 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.

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