

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000026333 (3)

1. Corporation Name

PHYSICAL THERAPY & HOME, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:00

Principal Place of Business

3401 N. LAKEVIEW
APT. #1310
TAMPA FL 33618

Mailing Address

3401 N. LAKEVIEW
APT. #1310
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/08/1993

3a. Date of Last Report

09/21/1994

4. FEI Number

59-3178709

Applied For

Not Applicable

5. Certificate of Status Deceit

☐

\$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

MALLEA, ROBERTO G
3401 N. LAKEVIEW/ DR.
APT. #1310
TAMPA FL 33618

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 Registered Agent or Secretary of Corporation)

(Signature of Registered Agent, if different from Secretary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

PD

2. NAME

MALLEA, ROBERTO G

3. STREET ADDRESS

5906 BITTERWOOD COURT

4. CITY-ST-ZIP

TAMPA FL 33625

3401 N. LAKEVIEW APT #1310
TAMPA FL. 33618

1.1 TITLE

☐ Change ☐ Addition

2.1 NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 199.03(4), Florida Statutes. I further certify that the information included 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. 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 as principal, co-principal, or agent with an address.

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

02-17-95

Date

(Signature of Clerk)