

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

**APPROVED
AND
FILED**

95 MAY 12 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000027421 (5)

1. Corporation Name

PHYSICIANS DIAGNOSTIC AND PHYSICAL REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

**4259 10TH AVE NORTH
LAKE WORTH FL 33461**

**4259 10TH AVE NORTH
LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

05/24/1994

4. FEI Number

65-0398784

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, JEFFREY S
4259 10TH AVE N
LAKE WORTH FL 33461**

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 agent 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SCHNEIDER, JEFFREY S

STREET ADDRESS

4259 10TH AVE N

CITY - ST - ZIP

LAKE WORTH FL 33461

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**700001490347
-05/17/95 --01034--006
*****225.00 *****225.00**

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

5/12/95 ujt

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 110.07(3)(a), 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 affidavit.

SIGNATURE:

JEFFREY S. SCHNEIDER
Jeffrey S. Schneider
REGISTERED AGENT

5-9-95

407-966-8800

(Type)

(Type Phone #)