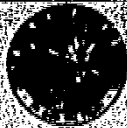


**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES B. BURMAN
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000033578 (4)

1. Corporation Name

SHUTES PHYSICAL THERAPY, INC.

Principal Place of Business

1628 YARMOUTH AVE
W PALM BEACH FL 33414
US

Mailing Address

1628 YARMOUTH AVE
W PALM BEACH FL 33414
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

06/03/1994

4. FEI Number

65-0398612

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHUTES, TIMOTHY J
14148 GREENTREE TRAIL
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81

Name

JACQUELINE S. Shutes

82

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

1628 YARMOUTH AVE

83

City

W. PALM BEACH

FL

85

Zip Code

33414

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

Jacqueline S. Shutes

(NOTE: Registered Agent signature required when reappointing)

DATE

7-26-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SHUTES, TIMOTHY J
1628 YARMOUTH AVE
W. PALM BEACH FL
D
SHUTES, JACQUELINE S
1628 YARMOUTH AVE
W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), 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:

Jacqueline S. Shutes - Jacqueline S. Shutes

(Date)

7-26-95

Daytime Phone #

407-795-

6770