FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:24

DOCUMENT # **P93000067362 (2)**

1. Corporation Name
ORTHOPEDIC AND SPORTS PHYSICAL THERAPY CENTER, P .A.

Principal Place of Business	Mailing Address
4400 HIGHWAY 20 EAST S507 NICEVILLE FL 32578 US	4400 HIGHWAY 20 EAST S507 NICEVILLE FL 32578 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3197536 ☐ 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

9. Name and Address of Current Registered Agent

JOLLIFF, READE B
4400 HIGHWAY 20 E
S507
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: Edward J. Goodwin Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4400 Highway 20 E
83: Suite 507
84 City: Niceville FL 85 Zip Code: 32578

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: E J Goodwin Jr. (Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☒ Addition
NAME	GOODWIN, DEBORAH D	12 NAME		
STREET ADDRESS	4400 HWY 20 E S507	13 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	14 CITY-ST-ZIP	32578	
TITLE	VD	21 TITLE		☐ Change ☒ Addition
NAME	JOLLIFF, READE B	22 NAME		
STREET ADDRESS	4400 HWY 20 E S507	23 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	24 CITY-ST-ZIP	32578	
TITLE	S	31 TITLE		☐ Change ☒ Addition
NAME	JOLLIFF, CAROLE W	32 NAME		
STREET ADDRESS	4400 HWY 20 E S507	33 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP	32578	
TITLE	P	41 TITLE		☐ Change ☒ Addition
NAME	GOODWIN, EDWARD J JR.	42 NAME		
STREET ADDRESS	4400 HWY 20 E S507	43 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	32578	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 added on an attachment with an asterisk.

SIGNATURE: E J Goodwin Jr. 3/31/95 904-897-3334
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

0981M4 CP