

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000067362 (2)**

1. Corporation Name

**ORTHOPEDIC AND SPORTS PHYSICAL THERAPY CENTER, P
.A.**



Principal Place of Business 4400 HIGHWAY 20 EAST S507 NICEVILLE FL 32578 US	Mailing Address 4400 HIGHWAY 20 EAST S507 NICEVILLE FL 32578-8779 US
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3. Date Incorporated or Qualified 09/28/1993	3a. Date of Last Report 09/26/1996
4. FEI Number 59-3197536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GOODWIN, EDWARD J. JR. 4400 HIGHWAY 20 E S507 NICEVILLE FL 32578	10. Name and Address of New Registered Agent 81 Name CAROLE W. JOLLIFF 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
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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 *Carole W. Joliff* **CAROLE W. JOLLIFF** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, DEBORAH D	1.2 NAME	
STREET ADDRESS	4400 HWY 20 E S507	1.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLIFF, READE B	2.2 NAME	
STREET ADDRESS	4400 HWY 20 E S507	2.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLIFF, CAROLE W	3.2 NAME	
STREET ADDRESS	4400 HWY 20 E S507	3.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	3.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, EDWARD J JR.	4.2 NAME	
STREET ADDRESS	4400 HWY 20 E S507	4.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	4.4 CITY - ST - ZIP	
TITLE	ROBERT J. SETON CWT <input type="checkbox"/> DELETE	5.1 TITLE	VP,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT J. SETON
STREET ADDRESS		5.3 STREET ADDRESS	4400 HIGHWAY 20 E S507
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NICEVILLE FL 32578
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby 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.

SIGNATURE: *Carole W. Joliff* **CAROLE W. JOLLIFF** 704-897-3334

CR2E034 (9/96)