

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90007 029 \*\*\*150.00

DOCUMENT # **P93000067362**

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  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/28/1993**

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 owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**SETON, ROBERT J.  
4400 HIGHWAY 20 E  
STE. 507  
NICEVILLE FL 32578**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☒ DELETE  
NAME **GOODWIN, DEBORAH D**  
STREET ADDRESS **4400 HWY 20 E S507**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE **VPS** ☐ DELETE  
NAME **SETON, ROBERT J**  
STREET ADDRESS **4400 HIGHWAY 20 E 5507**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **P/V/T/S** ☒ Change ☐ Addition  
2.2 NAME **Seton, Robert J.**  
2.3 STREET ADDRESS **4400 Highway 20 E 5507**  
2.4 CITY-ST-ZIP **Niceville, FL 32578**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

**ROBERT J. SETON** 7/19/99 (850) 897-3334

CR2E034 (5/99)



ORTHOPEDIC & SPORTS  
PHYSICAL THERAPY CENTER, P.A.

P93000067362  
597241-0007-24

16 July, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500  
Document # P93000067362

To Whom It May Concern:

I am writing this letter to inform you that I have no record of ever receiving an initial 1999 Profit Corporation Annual Report Packet. My office nor my accountant has records of this. I did receive a second notice in June of this year. I called the Florida Department of State today and was advised that I would not have to pay the late penalty fee if I put in writing the current situation. Enclosed is a check of \$150.00 to pay my annual commitment. Thank you for reconciling this situation so rapidly.

Sincerely,

Robert Seton  
Owner