PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

P93000067362 **DOCUMENT #**

ORTHOPEDIC AND SPORTS PHYSICAL THERAPY CENTER, P ٠Α.

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

07-28-1999 90007 029 ***150.00

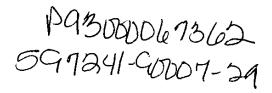


| | | | | | | - | |
|--|--|--------------------------------|------------|---|---|---|--|
| Principal Place of Business Mailing Address | | | | | | | |
| 4400 HIGHWAY 20 EAST 4400 HIGHWAY 20 EAS S507 S507 | | | | | | | |
| S507 NIÇEVILLE FL : | 32578 | NICEVILLE FL 32578 | | | | DO NOT WRITE IN THIS SPACE | |
| US | 02070 | US | | | | 3. Date Incorporated or Qualified | |
| | | | | | 09/28/1993 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 26 | | 26 | • | | | 59-3197536 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | | |
| City & State | | City & State | | - | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip Country | | Zip Country | | | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | 30 | | | Intangible Personal Property. Yes No | |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| ^ | ON DOBERT I | | | 81 | Name | | |
| SETON, ROBERT J. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | O HIGHWAY 20 E | | | | | | |
| STE. 507 NICEVILLE FL 32578 | | | | 83 | | | |
| | | | | 84 | City | 85 Zip Code | |
| | | | | | • | FL | |
| agent. I a | am tamiliar with, and accept the oblig | auons or, section 607.0505, Fi | Unida Stat | DIES. | | ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered red when reinstating) DATE | |
| digitative, types of parties that a registrative agent and the | | | | ed Age | aut siftisardie iedui | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | PT OFFICERS AI | DELETE | 11.16 | 1.1 TITLE | | Change Addition | |
| | GOODWIN, DEBORAH D | DELETE | 1.2 NA | | | ₩Z 3.milgs | |
| NAME | 4400 HWY 20 E \$507 | • | 1 | | DDRESS | , | |
| STREET ADDRESS | NICEVILLE FL | | | | | | |
| CITY-ST-ZIP TITLE | VPS | DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | V/T/S X Change Addition | |
| | SETON, ROBERT J | | 2.2 NA | | 1 ' | ton, Robert J. | |
| NAME | 4400 HIGHWAY 20 E 5507 | | | _ | | 00 Highway 20 E 5507 | |
| STREET ADDRESS | NICEVILLE FL | | | TY-ST-Z | DUNESS 77 | ceville, FL 32578 | |
| CITY-ST-ZIP TITLE | MOEVILLE FE | DELETE | 3.1 TI | | 14.1 | Change Addition | |
| | | FT VETE 16 | 3.2 NA | | 1 | | |
| NAME | | | | | DORESS | | |
| STREET ADDRESS | | | | TY-ST-Z | | | |
| CITY-ST-ZIP TITLE | ** | DELETE | 4.1 TI | | -ir | Change Addition | |
| NAME | | L DELETÉ | 4.2 NA | | | Griange Addition | |
| | | | | | DDRESS | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | DELETE | | 5.1 TITLE | | Change Addition | |
| TITLE | | DELETE | | 5.2 NAME | | Onange Advition | |
| NAME CTREET ADDRESS | | | 1 | | DORESS | | |
| STREET ADDRESS | | | - 6 | | | • | |
| CITY-ST-ZIP | | Macres et al. | | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition | |
| TITLE | | | 6.2 NA | | j | Change L. Addition | |
| NAME | | | | | DDDEED | | |
| STREET ADDRESS | | | | | DDRESS | | |
| CITY-ST-ZIP | | | 6.4 CI | TY-ST-Z | ZIP | <u> </u> | |

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





ORTHOPEDIC & SPORTS PHYSICAL THERAPY CENTER, P.A.

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