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

APPROVED AND FILED

95 MAY -1 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081860 (7)

1. Corporation Name:
BEACH PHYSICAL THERAPY, INC.

Principal Place of Business:
13691 METROPOLITAN PARKWAY
SUITE 100
FORT MYERS FL 33912

Mailing Address:
13691 METROPOLITAN PARKWAY
SUITE 100
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 10/13/1994

2. Principal Office Address
21 10875 SOUTH BLVD
22 State Apt. # (if)
23 City & State: FT. MYERS BEACH, FL
24 Zip: 33931
25 County:

2a. Mailing Address
26
27 State Apt. # (if)
28 City & State
29 Zip
30 County

4. FEI Number: 65-0449949
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

WILLETT, THOMAS K
13691 METROPOLITAN PARKWAY
SUITE 100
FORT MYERS FL 33912

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 Section 607.0505 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

12. OFFICER AND/OR DIRECTOR		13. ADDITIONS, CHANGES, TO OFFICERS AND/OR DIRECTORS	
Title	PSD	Title	V ☒ Change ☐ Addition
Name	WILLETT, THOMAS K	Name	WILLETT, THOMAS K
Street Address	13691 METRO PKWY STE. 100	Street Address	13691 METRO PKWY, STE 120
City-St-Zip	FT. MYERS FL 33912	City-St-Zip	FT. MYERS, FL 33912
Title		Title	P ☐ Change ☒ Addition
Name		Name	BEBBER KELLY
Street Address		Street Address	13691 METRO PKWY, STE 120
City-St-Zip		City-St-Zip	FT. MYERS, FL 33912
Title		Title	T ☐ Change ☒ Addition
Name		Name	LANGHAM, SANDY
Street Address		Street Address	13691 METRO PKWY, STE 120
City-St-Zip		City-St-Zip	FT. MYERS, FL 33912
Title		Title	S ☐ Change ☒ Addition
Name		Name	CIUFFETELLI, MICHAEL
Street Address		Street Address	13691 METRO PKWY, STE. 120
City-St-Zip		City-St-Zip	FT. MYERS, FL 33912
Title		Title	V ☐ Change ☒ Addition
Name		Name	BORODUNOVICH NANCY
Street Address		Street Address	13691 METRO PKWY STE 120
City-St-Zip		City-St-Zip	FT. MYERS, FL 33912
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I declare (certify, verify) that the information required with this filing is accurately typewritten and clearly set forth for the purposes stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk.

SIGNATURE: Michael Ciuffetelli MICHAEL L. CIUFFETELLI, SECRETARY 4/28/95 (813)768-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0322008 CP