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**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000081860 (7)
1. Corporation Name
BEACH PHYSICAL THERAPY, INC.



Principal Place of Business: **6875 ESTERO BLVD FT. MYERS FL 33931 US**
Mailing Address: **13691 METROPOLITAN PARKWAY SUITE 100 FORT MYERS FL 33912**

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **05/01/1996**
4. FII Number: **65-0449949**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30.

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: **WILLETT, THOMAS K**
82. Street Address (P.O. Box Number is Not Acceptable): **6875 ESTERO BLVD.**
83.
84. City: **FT. MYERS BEACH FL** 85. Zip Code: **33931**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLET, THOMAS K	
STREET ADDRESS	13691 METRO PKWY STE. 100	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BEPPER, KELLY	
STREET ADDRESS	13691 METRO PKWY STE 120	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGMAN, SANDY	
STREET ADDRESS	13691 METRO PKWY, STE 120	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CIUFFETELLI, MICHAEL	
STREET ADDRESS	13691 METRO PKWY STE 120	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORODUNOVICH, NANCY	
STREET ADDRESS	23691 METRO PKWY, STE 120	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 appointed 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: *Thomas K Willett* *Margaret A. Borodunovich* *5/31/97* (941) 913-0400

CR2E034 (9/96)