File Now. Filing Fee after May 1 is $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT [redacted] 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # P94000001997

Suzanne's Physical Therapy, Inc.
180 S.E. 4th Ct.
Pompano Beach, Fl. 33060

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified	3a. Date of Last Report
1/10/94	

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE	4. FEI Number	
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	65-0458213	Applied For ☐ Not Applicable ☐

2. Mailing Address	2a. Principle Place of Business	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$138.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Suzanne M. Jones 180 S.E. 4th Ct. Pompano Beach, Fl. 33060	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 Suzanne M. Jones (Registered Agent Accepting Appointment) DATE 4-29-95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D/P	1.1 TITLE	
1.2 NAME	Suzanne M. Jones	1.2 NAME	
1.3 ADDRESS	180 S.E. 4th Ct.	1.3 ADDRESS	
1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33060	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	500001492845 -05/18/95--01003--023
2.2 NAME		2.2 NAME	****200.00 ****200.00
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	VP 5-1-95
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE Suzanne M. Jones DATE 4-17-95

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
Suzanne M. Jones	President	(305) 943-1480

FOLD