

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 14 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002781 (0)

1. Corporation Name

CRISAN PHYSIOTHERAPY AND SPORTS MEDICINE CENTER  
P.A.

Principal Place of Business

15200 CARTER RD.  
SUITE C4  
DELRAY BEACH FL 33446

Mailing Address

15200 CARTER RD.  
SUITE C4  
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
01/04/1994

3a. Date of Last Report  
N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

27 City & State

29 Zip

30 Country

4. FEI Number

65-0458978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

CRISAN, OLIVER  
15200 CARTER RD.  
SUITE C4  
DELRAY BEACH FL 33446

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: If a Florida Agent signature required when reinstating.

DATE

*[Handwritten Signature]* *[Handwritten Date: 3/9/95]*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPV  
NAME: CRISAN, OLIVER  
STREET ADDRESS: 15200 CARTER RD., SUITE C4  
CITY-ST-ZIP: DELRAY BEACH FL 33446

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

TITLE: ST  
NAME: CRISAN, OLIVER  
STREET ADDRESS: 15200 CARTER RD., SUITE C4  
CITY-ST-ZIP: DELRAY BEACH FL 33446

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* *[Handwritten Date: 3/9/95]*