


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 02 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 # 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

| | | | | | |
|--------------------------------|--|------------------------|--|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 01/04/1994 | 02/27/1996 |
| 22. Suite, Apt #, etc. | | 27. Suite, Apt #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 65-0458978 | Not Applicable |
| 23. City & State | | 28. City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input checked="" type="checkbox"/> | |
| 24. Zip | | 29. Zip | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | | 29 | | <input type="checkbox"/> | |
| Country | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 25 | | 30 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CRISAN, OLIVER 15200 CARTER RD. SUITE C4 DELRAY BEACH FL 33446 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | 85 |
| | | | | FL | | | |

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 reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|----------------------------|--|---|-----------------------------|--|
| TITLE | DPV | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | C/PLSIT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRISAN, OLIVER | | 1.2 NAME | CRISAN, OLIVER | |
| STREET ADDRESS | 15200 CARTER RD., SUITE C4 | | 1.3 STREET ADDRESS | 15200 Carter Rd Suite C4 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | | 1.4 CITY-ST-ZIP | DeLray Beach, FL 33446 | |
| TITLE | ST | <input type="checkbox"/> DELETE | 2.1 TITLE | V. ELLIS MANIPUS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRISAN, OLIVER | | 2.2 NAME | 6224 LANS DOWNE Circle | |
| STREET ADDRESS | 15200 CARTER RD., SUITE C4 | | 2.3 STREET ADDRESS | Boynton Beach, FL 33437 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | V. Veronica Warke | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | 3926 Lawson Blvd | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | DeLray Beach, FL 33445 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | V. Maureen Shachtman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | 445 Piedmont X | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | DeLray Beach, FL 33484 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | V. Nagaraja Tiruvatum. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | 2501 S. Congress Ave. #1014 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | Boynton Beach, FL 33426 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 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: _____ (561) 998-3563 Date: 4/27/97 Daytime Phone #: 0522598

CR2E034 (9/96)