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1998

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FLORIDA DEPARTMENT OF STATE

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Feb 10 1998 8:00am

Secretary of State

498-3563

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400002781 (0)

CRISAN PHYSIOTHERAPY AND SPORTS MEDICINE CENTER P.A.

1.5300 CARTER RO SUITE CI   DELRAY BEACH FL 33446	Principal Place of Business Mailing Address  15200 CARTER RD. 15200 CARTER RD.				( ARBENEON HOU IDAN GROW BRENT ORTHER BOT	- L UCRITERI AND ARIAK BARAH BRAHA BURHA BURHA BARAH ANNAH ARUBA TURUK TURUK TURUK TURUK TURUK TURUK TURUK	
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2. Meling Address   2. Meling Address   3. Mel Applicable   5. Mel					'		
Suha, Apt #, etc    Suha, Apt #, etc   Suha, Apt #,	2. Principal Pi	lace of Business	2a. Mailing Address			Applied For	
Suite. Apt #, etc   Suite.			11				
City & State  22   29   29   20   20   20   20   20		#, etc			·   · · · · · · · · · · · · · · · ·		
City & State    Country   28     Country   29     Country   29   Country   29   Country   29     Country   2	22		27		5. Certificate of Status Desired	Fee Required	
Zip   Country   Zip   Sol			City & State		6. Election Campaign Financing		
Personal Property Tax due June 30	23		· • • • • • • • • • • • • • • • • • •	<del></del>	Trust Fund Contribution	Added to Fees	
9, Name and Address of Current Registered Agent  CRISAN, OLIVER 15200 CARTER RD. SUITE C4  DELRAY BEACH FL 33446  82  Sireet Address (P.O. Box Number is Not Acceptable)  82  Sireet Address (P.O. Box Number is Not Acceptable)  83  64  City  FL  85  Zip Code  11. Pursuant to the purplicions of Scicions 607 (P.O.) and 667; 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registering dynes, or begin in the Mate of French Space change was submits above named corporation submits this statement for the purpose of changing its registered office or registering dynes in the Mate of French Space change was submits above named corporation submits this statement for the purpose of changing its registered office or registering dynes in the Mate of French Space change was submits above named corporation submits this statement for the purpose of changing its registered office or registering different space changing its registered office or registering different space changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registering as a change of the purpose of changing its registered office or registered office or registering as a change of the purpose of changing its registered of the purpose of changing its registered of	<del></del>	}—,	<u>}</u>	F		Annual Company	
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12			HIGHS OF ABCHOLL BUT 10505, FI	ionoa statutes.			
THIE CPST	SIGNATURE		nt and the it upplicable (NO	STE Registered Agent signature re	quired when reinstating)	DATE	
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14. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3VI). Florida Statutes, I further certify that the information	STREET ADDRESS		j014	6.3 STREET ADDRESS			
14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report of 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 trusted explorated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in							
officer or director of the corporation or the receiver or trusted exposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	14. I nereby c	ertify that the information supplied wi on this annual report of supplementa	th this billing does not quality t I annual report i <u>s t</u> rue and ac	tor the exemption stated curate and that my signs	ature shall have the same legal effect as if	made under oath; that I am an	
	officer or o	director of the corporation or the rece	piver or trustee empowered to	execute this report as re	equired by Chapter 607, Florida Statutes;	and that my name appears in	