

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000002781 (0)**  
 1. Corporation Name  
**CRISAN PHYSIOTHERAPY AND SPORTS MEDICINE CENTER P.A.**

Principal Place of Business <b>15200 CARTER RD.                  SUITE C4                  DELRAY BEACH FL 33446</b>	Mailing Address <b>15200 CARTER RD.                  SUITE C4                  DELRAY BEACH FL 33446</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc	<b>26</b> Suite, Apt. #, etc
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>01/04/1994</b>	
<b>4.</b> FEI Number <b>65-0458978</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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]* DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST <input type="checkbox"/> DELETE	1.1 TITLE	PVST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISAN, OLIVER	1.2 NAME	OLIVER CRISAN
STREET ADDRESS	15200 CARTER RD., SUITE C4	1.3 STREET ADDRESS	15200 Carter Rd Suite C4
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DeLray Beach, FL 33446
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISAN, OLIVER	2.2 NAME	
STREET ADDRESS	15200 CARTER RD., SUITE C4	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIOUITS, ELLIS	3.2 NAME	
STREET ADDRESS	6224 LANG BOWNE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARKE, VERNOICA	4.2 NAME	
STREET ADDRESS	3926 LAWSON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACHTMAN, MAUREEN	5.2 NAME	
STREET ADDRESS	495 PIEDMONT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRUVALUM, MAGARAJA	6.2 NAME	
STREET ADDRESS	2301 S. CONGRESS AVE., #1014	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	

**14.** I 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 its receiver or trustee or 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]* DATE: **1/20/98** (561) 498-3563

CR2E034 (10/97)