

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # P94000010396 (7)

1. Corporation Name

ADVANCED PHYSICAL THERAPY OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

4127 NW 27TH LN
SUITE A
GAINESVILLE FL 32606
US

4127 NW 2TH LANE
SUITE A
GAINESVILLE FL 32606
US

3. Date Incorporated or Qualified
02/02/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3222957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 4881 NW 8TH Ave Suite 1

2a. Mailing Address

26 SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Gainesville FL

27 City & State

City & State

28 City & State

23 32605

29 Zip

Zip

Country

29 Zip

Country

30 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEGER, SCOTT D
234 SOUTH MAIN ST.
GAINESVILLE FL 32602

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRANNEN, JESSE
STREET ADDRESS 2701 N.W. 19TH WAY
CITY- ST- ZIP GAINESVILLE FL 32605

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

TITLE D
NAME LIBERT, LORI
STREET ADDRESS 2701 N.W. 19TH WAY
CITY- ST- ZIP GAINESVILLE FL 32605

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

TITLE D
NAME MACHUPA, NICHOLAS F
STREET ADDRESS 2701 N.W. 19TH WAY
CITY- ST- ZIP GAINESVILLE FL 32605

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)