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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031278 (2)

1. Corporate Name
PROFESSIONAL TOUCH PHYSICAL THERAPY AND REHAB, T
RI-COUNTY, INC.

Principal Place of Business
908 N.W. 57TH ST.
GAINESVILLE FL 32605

Mailing Address
908 N.W. 57TH ST.
GAINESVILLE FL 32605

(Not Accepted If Blank)

3. Date Incorporated/Qualified: 04/22/1994

3a. Date of Last Report:

2. Principal Place of Business
21 12474 NW Hwy. 19
Suite, Apt. #, etc.
22
City & State
23 Chiefland, FL
Zip 24 32626 Country 25

2a. Mailing Address
26 908 NW 57th Street
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32605 Country 30

4. FEI Number 59-3249829 [ ] 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. Does corporation qualify for exemption from Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
WURN, LAWRENCE J
908 N.W. 57TH ST.
GAINESVILLE FL 32605

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 607.0505 and 607.0508, 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 WURN, LAWRENCE J.

12. OFFICERS AND DIRECTORS

Title	Name	Address
D	WURN, LAWRENCE J	908 N.W. 57TH ST. GAINESVILLE FL 32605
D	WURN, BELINDA	908 N.W. 57TH ST. GAINESVILLE FL 32605
	Tracy Waybright	12474 NW hwy 19 Chiefland, Fl 32626

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994

Title	Name	Address	Action
			[ ] Change [ ] Addition
			[ ] Change [ ] Addition
	Director		[ ] Change [✓] Addition
			[ ] Change [ ] Addition
			[ ] Change [ ] Addition
			[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the annual report to the Secretary of State, Pursuant to Section 607.0505 of the Florida Statutes, I hereby authorize the Secretary of State to remove the name of the corporation from the rolls of inactive corporations, if it is determined that the corporation is not in compliance with the requirements of Chapter 607, Florida Statutes, and that my name appears above as an officer or director of the corporation or is the registered agent of the corporation.

SIGNATURE: LAWRENCE J. WURN 4/17/95 904-332-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0032087 CP