

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000033515 (5)**

1. Corporation Name

GERMAIN PHYSICAL THERAPY INC.



Principal Place of Business

**15800 88TH TRAIL NORTH
PALM BEACH GARDENS FL 33418**

Mailing Address

**15800 88TH TRAIL NORTH
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified
05/03/1994

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip Country

Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAGOONATH, MICHAEL
115 S.W. WOOLBRIGHT RD.
SUITE A
BOYNTON BEACH FL 33435**

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 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Print Name of Registered Agent (If Registered Agent is not a natural person, print name of individual who is authorized to accept appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the registered 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 in this filing, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY J.H. GERMAIN

407 202-2199

CR2E034 (12/95)