FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053437 (7)

1. Corporation Name
AMERICAN PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
104 PINERIDGE WEST MANDEVILLE LA 70448	104 PINERIDGE WEST MANDEVILLE LA 70448

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1900 TAMIAMI TR.	26 1900 TAMIAMI TR.
Suite, Apt. #, etc. 22 SUITES 118 + 119	Suite, Apt. #, etc. 27 SUITES 118 + 119
City & State 23 PT. CHARLOTTE, FL	City & State 28 PT. CHARLOTTE, FL
Zip / County 24 33948 / 25 CHARLOTTE	Zip / County 29 33948 / 30 CHARLOTTE

4. FEI Number: 65-0518229 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, HAROLD 4562 NW 17TH WAY TAMARAC FL 33309	81 Name: HAROLD WATSON 82 Street Address (P.O. Box Number is Not Acceptable): 141 ROSELLE CT. 83 84 City: PT. CHARLOTTE FL 85 Zip Code: 33952

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: Harold Watson — 4/7/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	TODD WATSON	12 NAME	
STREET ADDRESS	1508 SCHENLEY ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	14 CITY-ST-ZIP	
TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	MORIAH L. WATSON	22 NAME	
STREET ADDRESS	1508 SCHENLEY ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 on an attachment with an address.

SIGNATURE: Todd Watson TODD WATSON — 4/7/95 — 813/255-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400370 FN