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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 8:44

DOCUMENT # P94000055154 (6)

1. Corporation Name
M C P PHYSICAL THERAPY CORP.

Principal Place of Business	Mailing Address
8870-3 S.W. 40TH ST SUITE 126 MIAMI FL 33165	8870-3 S.W. 40TH ST. SUITE 126 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1900 Coral Way	26 1900 Coral Way
22 Suite, Apt. #, etc.: Suite 204	27 Suite, Apt. #, etc.: Suite 204
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33134 / 25 Country: DADE	29 Zip: 33134 / 30 Country: DADE

4. FEI Number: 65-0511947 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, ARQUIMIDES 540 S.W. 57TH AVE. MIAMI FL 33134	81 Name: MARLENE CARBALLOSA 82 Street Address (P.O. Box Number is Not Acceptable): 7565 SW 153RD CT # 102 83 84 City: MIAMI FL 85 Zip Code: 33193

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] NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Marlene Carballosa	12 NAME	
STREET ADDRESS	7565 SW 153rd Ct # 102	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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)(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; 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: [signature] 3/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430037 FP