FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000080377 (2)**

1. Corporation Name

PHYSIOKINETICS REHABILITATION SERVICES, INC.

Principal Place of Business: ~~442 NW 114TH PLACE MIAMI FL 33172~~

Mailing Address: ~~442 NW 114TH PLACE MIAMI FL 33172~~

3. Date Incorporated or Qualified: **11/01/1994**

3a. Date of Last Report: **07/12/1995**

4. FEI Number: **65-0528178** [ ] 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 owe liability for intangible tax under s. 199.032, Florida Statutes? [✓] Yes [ ] No

2. Principal Place of Business

21 13299 N.W. 11ST.
Suite, Apt. #, etc.
22
City, & State
23 MIAMI, FL.
Zip 24 33182 Country 25 DADE

2a. Mailing Address

26 9600 N.W. 25TH ST.
Suite, Apt. #, etc.
27 6-A
City, & State
28 MIAMI, FL.
Zip 29 33172 Country 30 DADE

9. Name and Address of Current Registered Agent

CAMACHO, OFELIA B
442 NW 114TH PLACE
MIAMI FL 33172

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 607.1508, Florida Statutes, the undersigned 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 resolution of its board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Ofelia B. Camacho

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	CAMACHO, OFELIA B	
STREET ADDRESS	442 NW 114TH PLACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not subject to the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or application for reinstatement 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 or another person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed in one of these blocks with an asterisk.

SIGNATURE: Ofelia B. Camacho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/96 DATE

305-477-2939 DAYTIME PHONE

CR2E034 (12/95)