COR ANNL	PROFIT PORATION JAL REPORT 1997		Sandra B Secretar	RTMENT OF STATE . Mortham ry of State CORPORATIONS	FIĽ 97 aug -5	PM 4:01	\bigcirc
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4244 UNIVER	e of Businoss Sity Blvd South Suite 4 .e Fl 32216-4978	Mailing Addre 4244 UNIVER JACKSONVILL	DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualified 11/07/1994 	04/03/1996	port
-	lace of Business	2a. Mailing Ad	Idress		4. FEI Number 59-3273526		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
City & State	e	27 City & Stat			6. Election Campaign Financing	Fee Re \$5.00	
		28			Trust Fund Contribution	Added to	o Fees
Zip	Country 25	Zip 29		Country 30	 This corporation owes or has p Personal Property Tax due Jun- 		angible] No
·····	9. Name and Address of Cu ORAS, PETER W	irrent Registered Agen	t	B1 Name	10. Name and Address of New R	egistered Agent	
JAI	44 UNIVERSITY BLVD. S.,STI CKSONVILLE FL 32216-4978			83 84 City	dress (P.O. Box Number is Not Accepta	FL 85 Zip C	
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July 30, 1997

Division of Corporations Annual Reports Section P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Physical Therapy First, Inc. 59-3273526

Dear Sir or Madam:

We have received your second notice for this corporation's annual report. The 1997 report was originally filed on 3/12/97, but the check has never cleared, so we are assuming that it was lost in the mail. Therefore, we are enclosing a copy of the report as filed and a check for the \$165 again and asking that you waive the late fee since the report was timely filed.

We appreciate your consideration in this matter.

Sincerely,

Peter W. Booras, Pres.

ANNU	CORPORATION NNUAL REPORT 1997					
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					3. Date incorporated or Qualified 11/07/1994	38. Date of Last Report 04/03/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3273526	Applied For Not Applicable
Suite, Apt. #	F, etc.		Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & :	State		6. Election Campartir Financing	Fee Required
Chy & State		28	Jato		Trust Fund Contribution	\$5.00 May Be
Zip	Count	· •		Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, X Yes 🔲 No
	25 B. Name and Addr	29 ess of Current Registered A	30 pent		10. Name and Address of New Re	
BOORAS, PETER W				81 Name		
4244 UNIVERSITY BLVD. S.,STE.4 JACKSONVILLE FL 32218-4978				82 Street Add	ress (P.O. Box Number is Not Acceptat	Ne)
				83		
				84 City		FL 85 Zip Code
Pursuant to	o the provisions of Sec	tions 607.0502 and 607.1508	Florida Statutes, the	above-named cor	poration submits this statement for the p	hereitate in the second
office or re agent. I an	egistered agent, or bot m familiar with, and ac	h, in the State of Florida. Such cept the obligations of, Section	i change was authori n 607.0505, Florida S	zed by the corpora statutes.	tion's board of directors. I hereby acce	ot the appointment as registered
		e of registered agent and trie if applicab	e (NOTE Begist	ered Agent signature requ	red when reinstatino)	DATE
	(OFFICERS AND DIRECTORS	1	3.	ADDITIONS/CHANGES TO OFFIC	
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-ST-ZIP	v certify that the inform	nation supplied with this filing	does not quality for t	4 CITY-ST-ZIP he exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Information	n indicated on this and	nual report or supplemental an corporation or the receiver or	nual report is true an trustee empowered t	id accurate and tha to execute this repo	t my signature shall have the same lega at as required by Chapter 607. Florida S	al effect as it made under dath; that Statutes; and that my name
appears in	n Block 12 or Block 13	It changed, or on arrattaction	an address.	P. W. Bo	oras (904) 73	3-0072
GNAT			RIGNING OFFICE	ECTÓR	Date	
SIGNAT		ALL AND TYPED OR PRINTED NAME OF			pras (904) /3	3-0072 3/12/97