FILE NOW: FILING FEE AFTER MAY 151 15 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90146 034 ***150.00

DOCUM	ENT # P94000	084171				
1. Corporation Name PROFESSIONAL THERAPY ASSOCIATES INC.						
Principal Place	of Business	Mailing Address			E1 1911) Q16 6) 11011 191	16: 116: 168:
PO BOX 452063 10717 CLEARY BLVD.						
SUNRISE FL 33324 #112				DO NOT WRITE IN THIS SPACE		
US PLANTATION FL 33324				3. Date Incorporated or Qualifed		
1				11/15/1994		
	(0)	2a. Mailing Address		4. FEI Number	App	lied For
2. Principal Pla	ace of Business	26		65-0538521	Not	Applicable
26 26			5. Certificate of Status Desired	\$8.75 Ad		
22 27			J. Oct. 100.00 5. The second s	Fee Req		
City & State City & State			6. Election Campaign Financing	\$5.00 ₋ N	,	
23	. <u> </u>	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	intenorble	⊒No
24	25		30	Personal Property Tax. 10. Name and Address of New Registered	F-3-	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of Nov. Register.	<u></u>	
CONI	IN IMPES		-			
CONLIN, JAMES 10717 CLEARY BLVD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
#112			83			
PLANTATION FL 33324					85 Zip C	
			84 City	F		l
		22 and 607 1508. Florida Statute	s the above-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	egistered
11, Pursuant to	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporate Statutes	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	Istered
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation	ations of, Section 607.0505, Flori	ua Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	L Addition
NAME	CONLIN, JAMES F		1.2 NAME			
STREET ADDRESS	10717 CLEARY BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			\
CITY-ST-ZIP		- Delete	2.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP	; :		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
TITLE		-	4. 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME		,	
STREET ADDRESS			6.3 STREET ADDRESS	· ·		
	I		64 CITY-ST-ZIP		i i	ļ

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SUMMENT ON THE SOUR CONCUNSIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 954-405-2988 Daysime Phone #