FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000000730 (8)**

1. Corporation Name

LGH PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
~~577212 ARBOR CLUB WAY~~ ~~BOCA RATON FL 33433~~	~~577212 ARBOR CLUB WAY~~ ~~BOCA RATON FL 33433~~
	NEW

2. Principal Place of Business	2a. Mailing Address
21 1387 SW 18th ST.	26 1387 SW 18th ST.
Suite, Apt #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33486 / Country 25 USA	Zip 29 33486 / Country 30 USA

3. Date Incorporated or Qualified: **01/04/1995**
3a. Date of Last Report: N/A
4. FEI Number: 65-0563009 — ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	**DP**	☐ DELETE
NAME	**HEITZ, LENORE G**	
STREET ADDRESS	**577212 ARBOR CLUB WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33433**	
TITLE	**DVT**	☐ DELETE
NAME	**HEITZ, WILLIAM R**	
STREET ADDRESS	**577212 ARBOR CLUB WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33433**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1387 SW 18th STREET	
1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1387 SW 18th STREET	
2.4 CITY-ST-ZIP	Boca Raton, FL 33486	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: William R. Heitz VP — 6/26/96 — (407) 347-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)