

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000004525 (8)

1. Corporation Name  
PHYSICAL THERAPY ENTERPRISES, INC.

Principal Place of Business  
1509 RODMAN STREET  
HOLLYWOOD FL

Mailing Address  
1509 RODMAN STREET  
HOLLYWOOD FL 33020-8437



3. Date Incorporated or Qualified 01/18/1995  
3a. Date of Last Report 03/19/1996

2. Principal Place of Business  
21 3500 Tyler St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 220463  
Suite, Apt. #, etc.

4. FEI Number 65-0556780  
Applied For Not Applicable

22 City & State  
23 Hollywood FL

27 City & State  
28 Hollywood, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33021 25 Country USA

29 Zip 33022 30 Country USA

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

NORMAN S. LEVIN, P.A.  
1120 S. FEDERAL HWY.  
SUITE 2  
FT. LAUDERDALE FL 33316

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |  |
|-----------------|----------------------------|--|
| TITLE           | PD                         | <input type="checkbox"/> DELETE            |
| NAME            | VAN PELT, RICHARD          |  |
| STREET ADDRESS  | 6479 AMBERJACK TERR.       |  |
| CITY - ST - ZIP | MARGATE FL 33063           |  |
| TITLE           | SD                         | <input checked="" type="checkbox"/> DELETE |
| NAME            | MONAGHAN, KEN              |  |
| STREET ADDRESS  | 107 ROYAL PARK DR, APT 4-B |  |
| CITY - ST - ZIP | FT LAUDERDALE FL 33309     |  |
| TITLE           | TD                         | <input type="checkbox"/> DELETE            |
| NAME            | ETTLINGER, LES             |  |
| STREET ADDRESS  | 1509 RODMAN STREET         |  |
| CITY - ST - ZIP | HOLLYWOOD FL 33020         |  |
| TITLE           |                            | <input type="checkbox"/> DELETE            |
| NAME            |                            |  |
| STREET ADDRESS  |                            |  |
| CITY - ST - ZIP |                            |  |
| TITLE           |                            | <input type="checkbox"/> DELETE            |
| NAME            |                            |  |
| STREET ADDRESS  |                            |  |
| CITY - ST - ZIP |                            |  |
| TITLE           |                            | <input type="checkbox"/> DELETE            |
| NAME            |                            |  |
| STREET ADDRESS  |                            |  |
| CITY - ST - ZIP |                            |  |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: LES ETTlinger T.D. 4/14/97 954-922-0245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)