

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004762 (7)

1. Corporation Name

PALM BAY PHYSICAL THERAPY-CLUB REHAB, INC.



Principal Place of Business

Mailing Address

160 MALABAR RD. S.W.
SUITE 109
PALM BAY FL 32907

160 MALABAR RD. S.W.
SUITE 109
PALM BAY FL 32907

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

10. Name and Address of New Registered Agent

BOZARTH, ROGER D
160 MALABAR RD. S.W.
SUITE 109
PALM BAY FL 32907

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POWELL, DALLAS
STREET ADDRESS 160 MALABAR RD. S.W., SUITE 109
CITY-ST-ZIP PALM BAY FL 32907

11 TITLE PD
12 NAME BOZARTH, Roger D
13 STREET ADDRESS 160 MALABAR RD S.W., SUITE 109
14 CITY-ST-ZIP Palm Bay, FL 32907

TITLE VSTD
NAME BOZARTH, ROGER D
STREET ADDRESS 160 MALABAR RD. S.W., SUITE 109
CITY-ST-ZIP PALM BAY FL 32907

21 TITLE VD
22 NAME DEBRA BOSWELL
23 STREET ADDRESS 160 MALABAR RD. S.W., SUITE 109
24 CITY-ST-ZIP Palm Bay, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE STD
32 NAME VIRGINIA WOOD
33 STREET ADDRESS 160 MALABAR Rd
34 CITY-ST-ZIP Palm Bay, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-07/08/96--01054--007
***225.00

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia Wood VIRGINIA WOOD 6/8/96 (407) 951-2384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR

CR2E034 (3/96)