

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Jan 17 1997 8:00am  
Secretary of State

DOCUMENT # P95000007260 (9)

1. Corporation Name

WEST SUNRISE PHYSICAL THERAPY, INC.

Principal Place of Business

5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE FL 33313

Mailing Address

5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE FL 33313-68993. Date Incorporated or Qualified  
01/24/19953a. Date of Last Report  
05/21/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

APPLIED FOR 65-0546252

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

EAKIN, MARILYN J  
5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE FL 33313

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 Marilyn S Eakin

Signature, typed or printed name of registered agent and the P. Applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE T DELETE

NAME EAKIN, MARILYN J  
STREET ADDRESS 5975 W SUNRISE BLVD, SUITE 104  
CITY-ST-ZIP SUNRISE FL 33313

TITLE P/D DELETE

NAME RINALDI, GERALDINE  
STREET ADDRESS 7880 N. UNIVERSITY DR., #100  
CITY-ST-ZIP CORAL SPRINGS FL 33321

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

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Marilyn S Eakin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 954-581-4776

DATE

Daytime Phone #

0271985

CR2E034 (9/96)