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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000040454 (7)

1. Corporation Name
WEST FLORIDA THERAPY CENTER, INC.

Principal Place of Business
600 UNIVERSITY OFFICE BLVD. STE 8A
PENSACOLA FL 32504

Mailing Address
600 UNIVERSITY OFFICE BLVD. STE 8A
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/22/1995

4. FEI Number
59-3314697

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1495-B CREIGHTON RD

22 PENSACOLA, FLA

23 32504

2a. Mailing Address

26 1495-B CREIGHTON RD

27 PENSACOLA, FLA

28 32504

30

9. Name and Address of Current Registered Agent

POPIEL, FRANCENE
600 UNIVERSITY OFFICE BLVD. STE 8A
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name POPIEL, FRANCENE

82 Street Address (P.O. Box Number is Not Acceptable)
1495-B CREIGHTON RD

83

84 City PENSACOLA

FL

85 Zip Code

32504

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 FRANCENE E POPIEL FRANCENE E POPIEL PRESIDENT

4/30/98

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 D
NAME POPIEL, FRANCENE E
STREET ADDRESS 6330 HELMS ROAD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE FRANCENE E POPIEL FRANCENE E POPIEL

4/30/98 8904793/96

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