

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040454

1. Corporation Name

WEST FLORIDA THERAPY CENTER, INC.

Principal Place of Business

1495-B CREIGHTON RD
PENSACOLA FL 32504
US

Mailing Address

1495-B CREIGHTON RD
PENSACOLA FL 32504
US

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90083 042 ***150.00



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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6330 HELMS RD
Suite, Apt. #, etc.

26 6330 HELMS ROAD
Suite, Apt. #, etc.

22 City & State
23 PENSACOLA, FLA

27 City & State
28 PENSACOLA FL

24 Zip 32526 Country
25

29 Zip 32526 Country
30

9. Name and Address of Current Registered Agent

POPIEL, FRANCENE
1495-B CREIGHTON RD
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name FRANCENE POPIEL
82 Street Address (P.O. Box Number is Not Acceptable)
6330 HELMS ROAD
83
84 City PENSACOLA FL 85 Zip Code 32526

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 Popiel

4/20/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	POPIEL, FRANCENE E	6330 HELMS ROAD	PENSACOLA FL 32526	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 with all other like empowered.

SIGNATURE:

Francene Popiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

850 479 3186
Daytime Phone #

CR2E034 (11/98)