

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006325 (0)
 1. Corporation Name
PHYSICAL THERAPY SERVICES OF HALLANDALE, INC.



Principal Place of Business 1110-B EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	Mailing Address 1133 S. UNIVERSITY DR. STE. 201 PLANTATION FL 33324 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1996

2. Principal Place of Business 21 207 E. HALLANDALE BEACH BLVD	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HALLANDALE FL	City & State 28
Zip 24 33009	Country 25 USA
	Country 30

4. FEI Number
65-0631181

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

9. Name and Address of Current Registered Agent

LENER, SAUL
1110-B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
207 E. HALLANDALE BEACH BLVD
 83
 84 City **HALLANDALE** FL 85 Zip Code **33009**

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 _____ DATE **04/21/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME LENER, SAUL	
STREET ADDRESS 1110-B EAST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SEIDENSTEIN, BRUCE	
STREET ADDRESS 1110-B EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP HALLANDALE FL	
TITLE GEO	<input type="checkbox"/> DELETE
NAME THOMAS F. WALSH	
STREET ADDRESS 1133 S. UNIVERSITY DR #201	
CITY-ST-ZIP PLANTATION FL 33324	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	207 E. HALLANDALE BEACH BLVD
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
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 checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS F. WALSH
3.3 STREET ADDRESS	1133 S. UNIVERSITY DR #201
3.4 CITY-ST-ZIP	PLANTATION FL 33324
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 in an attachment with an address.

SIGNATURE _____ DATE **04/21/98**

CR2E034 (10/97)