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Secretary of State

• PROFIT
CORPORATION
• ANNUAL REPORT
1997

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

DOCUMENT # P96000014515

1. Corporation Name
INTERNATIONAL PHYSICAL THERAPY + MASSAGE, INC.

Principal Place of Business	Mailing Address
4636 S. ORANGE BLOSSOM TR. ORLANDO, FL. 32839	

3. Date Incorporated or Qualified: 2-15-96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1130 S. SEMORAN BLVD.	26 1130 S. SEMORAN BLVD.
Suite, Apt. #, etc. 22 SUITE B	Suite, Apt. #, etc. 27 SUITE B
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip 24 32807 Country 25 ORANGE	Zip 29 32807 Country 30 ORANGE

4. FEI Number: 59-3362851 ☐ 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
JORGE F. HERNANDEZ 4636 S ORANGE BLOSSOM TR. ORLANDO, FL. 32839	81 Name: JORGE F. HERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable): 5170 TELLSON PL. 83 84 City: ORLANDO, FL 85 Zip Code: 32812

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] PRES/TREAS. JORGE F. HERNANDEZ 4-15-97
(Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JORGE F. HERNANDEZ 4636 S. ORANGE BLOSSOM TR. ORLANDO, FL. 32839 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VICE PRES./SECRETARY MERCEDES HERNANDEZ 5170 TELLSON PL. ORLANDO, FL. 32812 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT/TREASURER JORGE F. HERNANDEZ 5170 TELLSON PL. ORLANDO, FL. 32812 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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4/22/97

CR2E034 (9/96)

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: [signature] JORGE F. HERNANDEZ 4-15-97 407/380-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #