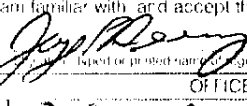


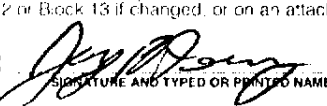
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
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: 4636 S. ORANGE BLOSSOM TR. ORLANDO, FL. 32839		Mailing Address: 4636 S. ORANGE BLOSSOM TR. ORLANDO, FL. 32839	
2. Principal Place of Business: 21 1130 S. SEMORAN BLVD. Suite, Apt. #, etc. 22 SUITE B City & State: 23 ORLANDO, FL. Zip 24 32807		2a. Mailing Address: 26 1130 S. SEMORAN BLVD. Suite, Apt. #, etc. 27 SUITE B City & State: 28 ORLANDO, FL. Zip 29 32807 Country 30 ORANGE	
3. Date Incorporated or Qualified 2-15-96		3a. Date of Last Report	
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 JORGE F. HERNANDEZ 4636 S ORANGE BLOSSOM TR. ORLANDO, FL. 32839		10. Name and Address of New Registered Agent 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  PRES./TREAS. JORGE F. HERNANDEZ 4-15-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR ☐ DELETE NAME JORGE F. HERNANDEZ STREET ADDRESS 4636 S. ORANGE BLOSSOM TR. CITY-ST-ZIP ORLANDO, FL. 32839		11 TITLE VICE PRES./SECRETARY ☐ Change ☒ Addition 12 NAME MERCEDES HERNANDEZ 13 STREET ADDRESS 5170 TELLSON PL. 14 CITY-ST-ZIP ORLANDO, FL. 32812	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE PRESIDENT/TREASURER ☒ Change ☐ Addition 22 NAME JORGE F. HERNANDEZ 23 STREET ADDRESS 5170 TELLSON PL. 24 CITY-ST-ZIP ORLANDO, FL. 32812	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 600002152265 ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS -04/23/97--01083--039 64 CITY-ST-ZIP ***165.00	

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 stated 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:  **JORGE F. HERNANDEZ** 4-15-97 407/380-3877
Date Daytime Phone #

CR2E034 (9/96)