

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000040348 (0)**

1. Corporation Name
LAKE AREA PHYSICAL THERAPY, INC.

Principal Place of Business
**HIGHWAY 26 AND CENTER COURT
MELROSE FL 32666**

Mailing Address
**P.O. BOX 1099
MELROSE FL 32666
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
05/07/1996

4. FEI Number
59-3378279

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

**WATSON, WILLIAM B III
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, 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	DELETE
	D			☐
	WATSON, WILLIAM B III			
	527 EAST UNIVERSITY AVENUE			
	GAINESVILLE FL 32601			
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1				☐	☐
1.2				☐	☐
1.3				☐	☐
1.4				☐	☐
2.1				☐	☐
2.2				☐	☐
2.3				☐	☐
2.4				☐	☐
3.1				☐	☐
3.2				☐	☐
3.3				☐	☐
3.4				☐	☐
4.1				☐	☐
4.2				☐	☐
4.3				☐	☐
4.4				☐	☐
5.1				☐	☐
5.2				☐	☐
5.3				☐	☐
5.4				☐	☐
6.1				☐	☐
6.2				☐	☐
6.3				☐	☐
6.4				☐	☐

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]

11-15-98

CR2E034 (10/97)