

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$850 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 JUL 25 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065512 (1)

1. Corporation Name
PALM BEACH PHYSIOTHERAPY, INC.



Principal Place of Business

Mailing Address

3750 NE 4TH AVE
BOCA RATON FL 33431

3750 NE 4TH AVE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/05/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5800 N. Federal Hwy.	26 7997 W. Country Club Blvd.	65-0684791	Not Applicable
22 Suite, Apt. #, etc. #3	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State Boca Raton, FL	28 City & State Boca Raton, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33487	25 Country	29 Zip 33487	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MANNARINO, ANTHONY
3750 NE 4TH AVE
BOCA RATON FL 33431

NEW
Address

81 Name MANNARINO, ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable) 7997 W. Country Club Blvd.
83 Boca Raton Fl. 33487
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] DATE 7/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MANNARINO, ANTHONY	1.2 NAME	MANNARINO, ANTHONY
STREET ADDRESS	3750 NE 4TH AVE	1.3 STREET ADDRESS	7997 W. Country Club Blvd.
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton Fl 33487
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE [Signature] SIGNATURE REQUIRED 7/23/97

CR2E034 (4/97)