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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000085681 (0)

1. Corporation Name

NORTHWOOD PHYSICAL THERAPY, INC.



Principal Place of Business

Mailing Address

2790 N MILITARY TRAIL, SUITE 4
WEST PALM BEACH FL 33409

2790 N MILITARY TRAIL, SUITE 4
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1001 NW 13TH ST

2a. Mailing Address

26 1001 NW 13TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27 102

23 BOCA RATON, FL

28 BOCA RATON, FL

24 33486

25 United States

29 33486

30 United States

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

65-0709168

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

KARLUK, DIANE L
CAMPBELL AND KARLUK, P.A.
3450 NORTHLAKE BLVD, SUITE 200
PALM BEACH GARDENS FL 33409

10. Name and Address of New Registered Agent

81 Name TIM PACHIS
82 Street Address (P.O. Box Number is Not Acceptable)
1001 NW 13TH ST
83 SUITE 102
84 City BOCA RATON FL 85 Zip Code 33486

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

Tim Pachis PRESIDENT TIM PACHIS

4/27/98

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PACHIS, TIMOTHY J
STREET ADDRESS 2790 N MILITARY TRAIL, SUITE 4
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME TIMOTHY J PACHIS
1.3 STREET ADDRESS 1001 NW 13TH ST #102
1.4 CITY-ST-ZIP BOCA RATON, FL 33486

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 on an attachment with an address.

CR2E034 (10/97)