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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600085681

NORTHWOOD PHYSICAL THERAPY, INC.

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Principal Plac	e of Business	Mailing Address	5			1 12011221 112 12114 GILL 2011 2511 2511 2511 1211 1210 1210 1210
1001 NW 13TH	i ST	1001 NW 13TH S	ST .			
102 ROCA RATON FL 33486 BOCA RATON FL 33486						DO NOT WRITE IN THIS SPACE
BOCA RATON FL 33486 US US US US			L 33486			3. Date Incorporated or Qualifed
UV		00				10/15/1996
2. Principal P	Place of Business	2a. Mailing Add	ress			4, FEI Number . Applied For
21	, 400 C . 200 A. CO	26				65-0709168 Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #	ŧ, etc.			\$8.75 Additional
22		27	يود المحادث فيتودد	-		5. Certifcate of Status Desired ☐ Fee Required
City & Stat	te	City & State	,			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes Wo
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
DAC	HIS TIM			[81]	Name	<u> </u>
PACHIS, TIM 1001 NW 13TH ST				82	Street A	Address (P.O. Box Number is Not Acceptable)
	TE 102			83	-	
t t	CA RATON FL 33486			03		
BOC	DA NATON I E 30400			84	City	85 Zip Code
				Щ	<u>-</u>	FL IS EP SSIG
office or i	ropictored agont or both is the State	a of Florida. Such chai	ทศตสหสร สมเทิกก	ized hv i	tha como	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of Section 607	0595, Florida S	Statutés.	•	1. 60
SIGNATURE	412	1111/1	TEXPES			3/14/33
	Signature, pred or printed name of registered ag	ent and title if applicable. ND DIRECTORS		<u> </u>	t signatura re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	<u></u>	IND DIKECTORS		13		
	i D	П	DELETE 1	1 71TI F		☐ Change ☐ Add
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STREET ADDRESS	PACHIS, TIMOTHY J 1001 NW 13TH ST #102		1.	.2 NAME .3 STREET		-
STREET ADDRESS	PACHIS, TIMOTHY J		1.	.2 NAME .3 STREET .4 CITY-ST		-
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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 ap address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

16/17 56/36/ 8 70 D Date Daytime Phone

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90045 018 ***150.00