

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

FILED
May 18 1998 8:00am
Secretary of State

 PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000013322 (7)**

1. Corporation Name

SOUTH FLORIDA PHYSICAL THERAPY, INC.

RECEIVED APR 24 1998



Principal Place of Business 4491 SOUTH STATE ROAD SEVEN, STE. 200 FT. LAUDERDALE FL 33314	Mailing Address 4491 SOUTH STATE ROAD SEVEN, STE. 200 FT. LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0727984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**BOISVERT, LOUIS III
4491 SOUTH STATE ROAD SEVEN, STE. 200
FT. LAUDERDALE FL 33314**

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 607.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
KLAMM, ULLRICH
4491 SOUTH STATE ROAD SEVEN, STE. 200
FT. LAUDERDALE FL 33314**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

**D
BOISVERT, LOUIS III
4491 SOUTH STATE ROAD SEVEN, STE. 200
FT. LAUDERDALE FL 33314**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

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BOISVERT, LOUIS III
4491 SOUTH STATE ROAD SEVEN, STE. 200
FT. LAUDERDALE FL 33314**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

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44 CITY-ST-ZIP

TITLE ☐ DELETE

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4491 SOUTH STATE ROAD SEVEN, STE. 200
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51 TITLE

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53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

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BOISVERT, LOUIS III
4491 SOUTH STATE ROAD SEVEN, STE. 200
FT. LAUDERDALE FL 33314**

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis W. Boisvert III
LOUIS W. BOISVERT III

4/29/98 1984 321-9055

Date Daytime Phone # 0265192

CR2E034 (10/97)