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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sendre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085198 (4)

ED ARQUITOLA PHYSICAL THERAPY SERVICES, INC.

Principal Place of Business 102 KASSIK CIRCLE ORLANDO FL 32824

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

102 KASSIK CIRCLE ORLANDO FL 32824

2a. Mailing Address

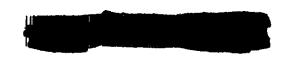
Suite, Apt. #, etc.

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FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 042 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Date Incorporated or Qualified
 10/02/1997

59-3473354

5. Certificate of Status Desired

4. FEI Number

City & Stat	te	·	City & State			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added		
23		Zio	Count	<u> </u>	Trust Fund Contribution		Added to	
Zip	Country	29	30	uy	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No			
24	25 9. Name and Address of Curr	1301	10. Name and Address of New Registered Agent					
			18	II Name				
EDGARDO P. ARBUITOLA				(20 D. M. Janes J. M. Accessorio)				
102 KASSIK CIR				82 Street Address (PiO. Box Number is Not Acceptable)				
1001	ANDO, FL 3282	4	18	133	•	-		
OKL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Ī	4 City	·	FL	86 Zip C	Code
					and automity this statement		of changing if	s registered
11.4 Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida Si te of Florida. Such change w Ipations of, Section 607.0505	atutes, the aboves authorized b. Florida Statut	by the corporati tes.	ion's board of directors. The	reby accept the app	pointment as	registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	(NOTE Control of	Agent signature require	ed when rentiating)	DATE		
	Signature, reped or printed name of registered	ND DIRECTORS	13.	AGBIT SIGNACIA TOLIDA	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	S IN 12
12.	PSTD	DELETE		E			☐ Change	☐ Addition
TITLE	ARQUITOLA, EDGARDO P		1.2 NAM	ne l				\;
NAME OTOGET ADDRESS	102 KASSIK CIRCLE		1.3 STR	EET ADDRESS				!;
STREET ADDRESS	OPLANDO FL 32824		1.4 CITY	-ST-ZIP				
CITY-ST-ZIP	VPSTD	DELETÉ	2.1 TITL	E			Change	Addition
HAME		LADI	2.2 NAM	Æ J				
STREET ADDRESS	AILEEN V. MAI	LLANI	2.3 STRI	EET ADDRESS				1
CITY-ST-ZIP	102 KASSIK CIR ORLANDO FL	32824	2, 4 CIT	Y-ST-ZIP				3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	-	DELETE	3.1 TITL	E	ŗ.		L Change	Addition
NAME	Į.		32 NAM	Æ	:			1
STREET ADDRESS			3.3 STR	eet address				
CITY-ST-ZIP				Y-ST-ZIP			Change	Addition
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NAME]		4, 2 NA		<u> }</u>			-
STREET ADDRESS				EET ADDRESS				ļ
CITY-ST-ZIP				r-\$1-21P			Change	Addition
TITLE		DELETE			: E			
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STREET ADDRESS			1	EET ADDRESS	ļ)
CITY-ST-ZIP		Floriers		Y-ST-ZIP			Change	Addition
TITLE		DELETE	6.1 MIL	_ 1	; r			ļ
NAME				I	ŧ			
STREET ADDRESS				LEET ADDRESS	Ì			
C17Y - S1 - Z1P	certify that the information supplied	with this filing does not gue		Y-ST-ZIP motion stated in	Section 119.07(3)(i), Florida	Statutes, I further o	certify that the	a information
14. I hereby	certify that the information supplied d on this annual report or supplement or director of the corporation or the r	mtal annual report is true and	accurate and	that my signatu	ire shall have the same lega	! effect as if made u la Statutes: and that	under oath; th it my name ar	pears in
officer o	r director of the corporation or the r	eceiver or trustee empowere inhchment with an address.	a ia execuíe il.	is report as ted RECTOR				
Block 12	or Block 13 is changed, or on an a	77 71 11	· 121	I KE CI OIC		LOG CUE		