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**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90069 018 ***150.00

DOCUMENT # P9800004457

1. Corporation Name

SUN TREE'S PHYSICAL THERAPY AND MASSAGE CLINIC I

Principal Place of Business

Mailing Address

|--|

730 WHISPERING PINE CIRCLE MELBOURNE FL 32940	730 WHISPERING PINE CIRCL MELBOURNE FL 32940	.E	DO NOT WRITE IN THIS	SPACE	
•			3. Date Incorporated or Qualifed 01/14/1998		
2. Principal Place of Business	2a. Mailing Address	•	4. FEI Number	App	olied For
21 6.550 N. Wickham Rel	26 6550 N. WIS	Kham Rol	593490894	Not	Applicable
- Suite! Apt. #, etc.	Suite, Apt. #, etc.	-		\$8.75 A	dditional
22 Suite 8	27 Suite 8		5. Certificate of Status Desired	Fee Re	quired
City & State City & State			6. Election Campaign Financing	\$5.00	May Be
23 Melbourne, FL	28 Melbourn	e FL	Trust Fund Contribution	Added to	
Zip Country	Country	8. This corporation owes the current year In	tangible		
24 32940= 25 BREVARCS	29 32 940 31	GREVARD	Personal Property Tax.	Yes	□No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
		81 Name			
SCHOBER, CAROL C		82 Street Addr	ress (P.O. Boy Number is Not Acceptable)		
730 WHISPERING PINE CIRCLE		1.7255	ess (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32940		83			
•		SIE.	8	[a=1 =0 e	
		84 City	// FI	85 Zip C	ode 9261
11. Pursuant to the provisions of Sections 607.0502	and 607 1509 Florida Statutes	the above-named com	oration submits this statement for the purpose of	changing its	registered
office or registered agent, or both, in the State of	of∕•florida. Such change was aut≀	norized by the corporation	on's board of directors. I hereby accept the appo	intment as req	jistered
agent. I am familiar with, and accept the obligar	ions of, Section 607.0505, Florid	a Statutes	00 1 1 1 2	an /-	.
SIGNATURE (aw)	luber	aut	School Je	12/17	<u>*</u>
orginature, typed or printed name of registered agen		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTO	DC IN 12
12. OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE I D	□ pecere	1.1 TITLE		[A] Ontange	
NAME SCHOBER, CAROL C	_	1.2 NAME	550 N. Wickham Rd., S	To. 8	
STREET ADDRESS 730 WHISPERING PINE CIRCLE		1.3 STREET ADDRESS	550 MILLIAMAMICA, 5		i
CITY-ST-ZIP MELBOURNE FL 32940		1.4 CITY-ST-ZIP	elbourNE, FL 325	740	
πιε	☐ DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP.	- *	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME 1		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
· •		3.4. CiTY-ST-ZiP			
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME	- ·-	4. 2 NAME		_	
f					
STREET ADDRESS					
CITY-ST-ZIP.		4.3 STREET ADDRESS			
TITLE	. Opiete	4.3 STREET ADDRESS 4.4 CITY+ST-ZIP		☐ Change	☐ Addition
	· DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
NAME	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change	Addition
	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS		☐ Change	☐ Addition
NAME		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE			

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, with all other like empowered.

SIGNATURE;