


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000011531 1. Corporation Name CHARLOTTE PHYSICAL THERAPY CORPORATION			
Principal Place of Business 4456 TAMiami TRAIL, STE 15 CHARLOTTE HARBOR FL 33980		Mailing Address 4456 TAMiami TRAIL, STE 15 CHARLOTTE HARBOR FL 33980	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4456 TAMiami TRAIL STE 13 Suite, Apt. #, etc.		2a. Mailing Address 26 4456 TAMiami TRAIL # 13 Suite, Apt. #, etc.	
22 City & State 23 CHARLOTTE HARBOR, FL Zip Country 24 33980 25 USA		27 City & State 28 CHARLOTTE HARBOR FL Zip Country 29 33980 30 USA	
3. Date Incorporated or Qualified 02/04/1998		4. FEI Number 65-08095-72	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent PENANO, EDGAR 4458 TAMiami TRAIL, STE 15 CHARLOTTE HARBOR FL 33980		10. Name and Address of New Registered Agent 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PENANO, EDGAR STREET ADDRESS 4458 TAMiami TRAIL, STE 15 CITY-ST-ZIP CHARLOTTE HARBOR FL 33980	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ESTEP, CHRISTINE J STREET ADDRESS 4458 TAMiami TRAIL, STE 15 CITY-ST-ZIP CHARLOTTE HARBOR FL 33980	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME PENANO, GRACE STREET ADDRESS 4458 TAMiami TRAIL, STE 15 CITY-ST-ZIP CHARLOTTE HARBOR FL 33980	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE: Edgar Penano PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 944-766-1235
 Date Daytime Phone #