

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 12 AM 9:13

DOCUMENT # S13569 (6)

1. Corporation Name

CORNERSTONE PHYSICAL THERAPY, INC.

Principal Place of Business

9731-D BOCA GARDENS PKWY
SUITE D
BOCA RATON FL 33496

Mailing Address

9731-D BOCA GARDENS PKWY
SUITE D
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

04/05/1994

4. FEI Number

65-0237591

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **4797 NW 5th Ter**

2a. Mailing Address

26 **4797 NW 5th Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **BOCA RATON FL**

27 City & State

28 **BOCA RATON FL**

24 **33431**

Country

25 **PALESTINE**

29 **33431**

Country

30 **PALESTINE**

9. Name and Address of Current Registered Agent

BRUCE, VIRGINIA
721 LYONS ROAD
SUITE 15205
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name

VIRGINIA BRUCE

82 Street Address (P.O. Box Number is Not Acceptable)

4797 NW 5th Terrace

83

84 City

BOCA RATON FL

85 Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUCE, VIRGINIA
STREET ADDRESS	721 LYONS RD. #15205
CITY ST ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4797 NW 5th Terrace
1.4 CITY ST ZIP	BOCA RATON FL 33431
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 and changed, or on an attachment with an address

SIGNATURE:

Virginia Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-95

Date

407 3610584