

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S15001** (8)

1. Corporation Name

**PHYSICAL THERAPY OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

**2121 S TAMiami TRAIL  
SARASOTA FL 34239  
US**

**2121 S TAMiami TRAIL  
SARASOTA FL 34239  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/26/1990**

4. FEI Number

**65-0235590**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CINQUEMANI, NEIL  
7374 PERIWINKLE DR  
SARASOTA FL 34231**

81 Name

**STEPHANIE Kisieleski**

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

**2121 S. TAMiami TRAIL**

83

84 City

**SARASOTA**

**FL**

85 Zip Code

**34239**

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

*Stephanie Kisieleski*

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 **PST** ☒ DELETE

NAME **CINQUEMANI, NEIL**  
STREET ADDRESS **7374 PERIWINKLE DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE

NAME **CINQUEMANI, NEIL**  
STREET ADDRESS **7374 PERIWINKLE DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE

NAME **MARCONI, ADAM**  
STREET ADDRESS **2259 ARLINGTON ST**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE

NAME **KISIELEWSKI, STEPHANIE**  
STREET ADDRESS **2156 TALLOAK COURT**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 or of an attachment with an address.

CR2E034 (10/97)