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

Mailing Address

2121 S TAMIAMI TARIL

SARASOTA FL 34239

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

2121 S TAMIAMI TRAIL

SARASOTA FL 34239



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S15001

PHYSICAL THERAPY OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE HS 3. Date incorporated or Qualifed 11/26/1990 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0235590 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired  $\Box$ Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip Zip Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KISIELEWSKI, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 82 2121 S TAMIAMI TRAIL SARASOTA FL 34239 83 Zip Code 85 84 City 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 reinstating): ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE TITLE MARCONI, ADAM 12 NAME NAME 2259 ARLINGTON ST 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIF ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME KISIELEWSKI, STEPHANIE NAME 2.3 STREET ADDRESS 2156 TALLOAK COURT STREET ADDRESS 2. 4 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change 🕍 🔝 Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE! 5.1 TITLE TITLE

5.2 NAME

6.1 11TLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CMY-ST-ZIP

☐ DELETE

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.

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90038 048 \*\*\*150.00

CR2E034 (11/98)

Addition