

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S23155 (2)

1. Corporation Name

PHYSICAL THERAPY QUALITY CARE SERVICES INC.

95 JUN -9 AM 9:59

Principal Place of Business

11065 NW 39 STR
APT 302
SUNRISE FL 33351
US

change business address (see below)

Mailing Address

PO BOX 490014
FT LAUDERDALE FL 33349
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1990

3a. Date of Last Report

06/14/1994

4. FEI Number

22-3095381

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 *Place of Springtree*
Suite, Apt. #, etc.
22 *8632 NW 34th Place*
City & State *Apt. C-304*
23 *Sunrise, FL*

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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24 33351

25 Broward

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9. Name and Address of Current Registered Agent

JREIGE, NORA

11065 NW 39 STR

APT 302

SUNRISE FL 33351

see change of business address above

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JREIGE, NORA
STREET ADDRESS 11065 NW 39 STR, APT 302
CITY - ST - ZIP SUNRISE FL
(see change of business address above)

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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.

SIGNATURE:

(Signature) (NORA Jreige)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

06/06/95 (305) 7410288