

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **S34436** (3)
1. Corporation Name
LEE ORTHOPEDIC PHYSICAL THERAPY, INC.



Principal Place of Business Mailing Address
3401 HANCOCK BRIDGE PARKWAY **3401 HANCOCK BRIDGE PKWY**
N FT MYERS FL 33903 **NORTH FT MYERS FL 33903**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3417 S.W. 8TH ST.		26 Same		02/26/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0241789	
City & State		City & State		Applied For	
23 CAPE CORAL, FLORIDA		28		<input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33991	25 LEE	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

HAFFER, SARA A.
3401 HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Same	33991
82 Street Address (P.O. Box Number is Not Acceptable)	
3417 S.W. 8th Street	
83	
84 City	FL
Cape Coral	

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)

07-14-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFER, THOMAS P.	1.2 NAME	
STREET ADDRESS	3330 TRAIL DAIRY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFER, SARA A.	2.2 NAME	
STREET ADDRESS	3417 SW 8TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRETT	3.2 NAME	
STREET ADDRESS	925 SW 52ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFER, ANDREW J.	4.2 NAME	
STREET ADDRESS	TEMPLE TERRACE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, RICHARD J	5.2 NAME	
STREET ADDRESS	1733 GROVE AVE	5.3 STREET ADDRESS	1846 Wagon Wheel Circle, East
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	Deltona, Florida 32311
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **SARA A. HAFFER** 07-14-98 (04) 282-2057

CR2E034 (5/98)