

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S35926** (2)

1. Corporation Name

JOINT MOTION THERAPY, INC.



Principal Place of Business

**611 GAINES WAY
WINTER PARK FL 32789**

Mailing Address

**611 GAINES WAY
WINTER PARK FL 32789**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3030583

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

9. Name and Address of Current Registered Agent

**MORGAN, HENRY B., JR.
611 GAINES WAY
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 (delete if applicable)

(NOTE: Registered Agent's signature must be filed for filing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D
MORGAN, HENRY B., JR.
611 GAINES WAY
WINTER PARK FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

Henry B. Morgan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

3/2/96

Daytime Phone #

407 645 5945

CR2E034 (12/95)