

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74742 (5)

1. Corporation Name
PHYSIOTHERAPY, INC.

Principal Place of Business 7707 TENNYSON CT. BOCA RATON FL 33499-4144	Mailing Address 7707 TENNYSON CT. BOCA RATON FL 33499-4144
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3. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7136 VIA MARBELLA	26	7136 VIA MARBELLA	08/19/1991	01/07/97
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0278699	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	BOCA RATON, FLA.	28	BOCA RATON FLA.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	
33483	COUNTRY	33433	COUNTRY	<input type="checkbox"/>	
	25 PALM BEACH		30 PALM BEACH	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARMANN, CECILE D. 7707 TENNYSON CT. BOCA RATON FL 33499-4144				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	7136 VIA MARBELLA		
				84	City	BOCA RATON	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	<input type="checkbox"/> DELETE	1.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMANN, CECILE D.		1.2 NAME				
STREET ADDRESS	7707 TENNYSON COURT		1.3 STREET ADDRESS	7136 VIA MARBELLA			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL, 33493			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	500002492808			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	-04/17/98--01081--008			
STREET ADDRESS			6.3 STREET ADDRESS	***165.00			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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.

Sandra B. Mortham 4/17/98

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