

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S95681** (0)

1. Corporation Name:

LAKE MARY PHYSICAL THERAPY, INC.



Principal Place of Business

**820 W. LAKE MARY BLVD.
STE. 102
SANFORD FL 32773
US**

Mailing Address

**820 W. LAKE MARY BLVD.
STE. 102
SANFORD FL 32773
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SHAPIRO, CHARLES
3850 SHERIDAN ST
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified 11/21/1991	3a. Date of Last Report 04/27/1995
4. FFL Number 59-3093440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(4), 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. They accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Secretary of State (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, CHARLES	
STREET ADDRESS	3850 SHERIDAN ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SHAPIRO, ANNA	
STREET ADDRESS	3850 SHERIDAN ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PIACENTINE, GARY	
STREET ADDRESS	3850 SHERIDAN ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

SIGNATURE:

Gary Piacentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 - 407-321-6644
Date of Filing

CR2E034 (12/95)