

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **108915 Lake City White, INC**

1. Corporation Name

**PROFESSIONAL TOUCH PHYSICAL THERAPY
OF NORTH FLORIDA, INC**

Principal Place of Business

Mailing Address

**6840 NORTHEAST 225th STREET
MELROSE, FLA 32666**

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/92

4. FEI Number

59-3101948

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

10. Name and Address of New Registered Agent

LARRY WURN

6840 NORTHEAST 225th STREET

MELROSE, FLA 32666

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

(Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**LARRY WURN PRESIDENT
6840 NE 225th STREET
MELROSE, FLA 32666**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**BELINDA WURN, VP
6840 NE 225th STREET
MELROSE, FLA 32666**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 included 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 any document with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Wurn

Date

Daytime Phone #

4/14/97 (352) 475-1267

CR2E034 (9/96)