

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

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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V31078** (1)
1. Corporation Name
**INVERNESS PHYSICAL THERAPY AND REHABILITATION AS
SOCIATES, INC.**



Principal Place of Business
**6333 SW HWY 200
OCALA FL 34476-5535
US**

Mailing Address
**6333 SW HWY 200
OCALA FL 34476-5555
US**

3. Date Incorporated or Qualified 04/22/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3121059	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**MICELI, DOMINIC
6333 SW HWY 200
OCALA FL 34476**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP
	PSTD MICELI, DOMINIC 6333 SW HWY 200 OCALA FL	<input type="checkbox"/> DELETE			
TITLE	NAME	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP
		<input type="checkbox"/> DELETE			
TITLE	NAME	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP
		<input type="checkbox"/> DELETE			
TITLE	NAME	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP
		<input type="checkbox"/> DELETE			
TITLE	NAME	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP
		<input type="checkbox"/> DELETE			
TITLE	NAME	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP
		<input type="checkbox"/> DELETE			

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.

SIGNATURE: **Dominic Miceli** 3/19/97 352-873-7777
DATE DAYTIME PHONE #

CR2E034 (9/96)