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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V55956** **(9)**

1. Corporation Name

MARGARET J. KONKEL PHYSICAL THERAPY SERVICES, IN C.

Principal Place of Business	Mailing Address
200 VINING COURT ORMOND BEACH FL 32174	200 VINING COURT ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: **08/04/1992**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-3137407** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6 IRONWOOD CT	26 6 IRONWOOD CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ORMOND BEACH, FL	28 ORMOND BEACH, FL
24 Zip 32174 25 Country USA	29 Zip 32174 30 Country USA

9. Name and Address of Current Registered Agent

KONKEL, MARAGARET J.
200 VINING COURT
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6 IRONWOOD CT
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

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 and title if applicable) (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KONKEL, MARAGARET J.		1.2 NAME		
STREET ADDRESS	200 VINING COURT		1.3 STREET ADDRESS	6 IRONWOOD CT	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KONKEL, THORNTON E.		2.2 NAME		
STREET ADDRESS	200 VINING COURT		2.3 STREET ADDRESS	6 IRONWOOD CT	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Margaret J Konkel Margaret J. Konkel 4/5/96 904-672-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #