



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84617		2. Name of Corporation Physiotherapy Associates, Inc.			
3. Street Address Principal Business Office 3250 Players Club Parkway			City Memphis	State TN	Zip 38125
4. Business Phone No. 209-385-2600		5. State of Incorporation MICHIGAN			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATIONS OF CLINICS WHICH PROVIDE PHYSICAL THERAPY SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Judith Hoff			Vice President Name Dean H. Bergy		
Street Address 3250 Players Club Parkway			Street Address 2725 Fairfield Road		
City Memphis	State TN	Zip 38125	City Kalamazoo	State MI	Zip 49002
Secretary Name Dean H. Bergy			Treasurer Name Christopher F. Homrich		
Street Address 2725 Fairfield Road			Street Address 2725 Fairfield Road		
City Kalamazoo	State MI	Zip 49002	City Kalamazoo	State MI	Zip 49002
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen P. MacMillan			Director Name Dean H. Bergy		
Street Address 2725 Fairfield Rd.			Street Address 2725 Fairfield Road		
City Kalamazoo	State MI	Zip 49002	City Kalamazoo	State MI	Zip 49002
Director Name Jud Hoff			Director Name		
Street Address 3250 Players Club Parkway			Street Address		
City Memphis	State TN	Zip 38125	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$10 PAR VALUE			1,000	Common	\$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



84617

FILED

File Date MAR 03 2005 10006 25/552

Check No. _____

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Dean H. Bergy
Signature of Officer _____ Date _____

Dean H. Bergy
Print or Type Name of Officer _____

Secretary
Title of Officer _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84617		2. Name of Corporation Physiotherapy Associates, Inc.			
3. Street Address Principal Business Office 3250 Players Club Parkway			City Memphis	State TN	Zip 38125
4. Business Phone No 269-385-2600		5. State of Incorporation MICHIGAN			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATIONS OF CLINICS WHICH PROVIDE PHYSICAL THERAPY SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jason T. Blackwood			Vice President Name Dean H. Bergy		
Street Address 3250 Players Club Parkway			Street Address 2725 Fairfield Road		
City Memphis	State TN	Zip 38125	City Kalamazoo	State MI	Zip 49002
Secretary Name Dean H. Bergy			Treasurer Name Christopher F. Hornrich		
Street Address 2725 Fairfield Road			Street Address 2725 Fairfield Road		
City Kalamazoo	State MI	Zip 49002	City Kalamazoo	State MI	Zip 49002
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Brown			Director Name Dean H. Bergy		
Street Address 2725 Fairfield Road			Street Address 2725 Fairfield Road		
City Kalamazoo	State MI	Zip 49002	City Kalamazoo	State MI	Zip 49002
Director Name Jason T. Blackwood			Director Name		
Street Address 3250 Players Club Parkway			Street Address		
City Memphis	State TN	Zip 38125	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.10 PAR VALUE			1,000		.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date 2/23/04
 Check No. 1000251422
 By: SC
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Dean H. Bergy Date 2-20-04
 Print or Type Name of Officer Dean H. Bergy
 Title of Officer Secretary

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **84617**
2. Name of Corporation **Physiotherapy Associates, Inc.**
3. Street Address Principal Business Office
3250 Players Club Parkway
4. Business Phone No. **269-385-2600** 5. State of Incorporation **MICHIGAN**
7. Brief Description of the Character of Business Conducted in Rhode Island
Physical Therapy Clinics

City **Memphis** State **TN** Zip **38125**
6. SIC Code

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Jason T. Blackwood**
Street Address **2500 Horsham Dr.**
City **Germantown** State **TN** Zip **38139**

Vice President Name **Dean H. Bergy**
Street Address **1212 Long Rd.**
City **Kalamazoo** State **MI** Zip **49008**

Secretary Name **Dean H. Bergy**
Street Address **1212 Long Rd.**
City **Kalamazoo** State **MI** Zip **49008**

Treasurer Name **Christopher F. Hornrich**
Street Address **742 W. Kilgore Rd. Apt. 107**
City **Kalamazoo** State **MI** Zip **49008**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **John Brown**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Director Name **Dean H. Bergy**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Director Name **Jason T. Blackwood**
Street Address **2500 Horsham Dr.**
City **Germantown** State **TN** Zip **38139**

Director Name
Street Address
City State Zip

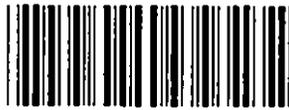
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$.10 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 - 0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date: **FEB 27**

Check No.: **FEB 27 2003**

By: **16251230**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Dean H. Bergy 2-24-03
Signature of Officer Date

Dean H. Bergy
Print or Type Name of Officer

V.P. / Secretary
Title of Officer

PHYSIOTHERAPY ASSOCIATES, INC.
List of Corporate Officers
FEIN: 38-2617193

NAME	TITLE	SSN	DIRECTOR	ADDRESS
John W. Brown	Chairman	412-60-0535	Y	6464 Liteolier, Kalamazoo, MI 49002
Jason T. Blackwood	President	408-04-1129	Y	2500 Horsham Dr, Germantown, TN 38139
Dean H. Bergy	VP/Secretary	373-70-9154	Y	1212 Long Rd, Kalamazoo, MI 49008
Christopher F. Homrich	Treasurer	379-74-3259	N	742 W. Kilgore, Apt 107, Kalamazoo, MI 49008
Ellen Curry	VP/Clinical	410-94-7224	N	6335 River Commons Circle, Memphis TN 38120
Bobby Rouse	VP/Finance	412-31-0295	N	7419 Oak Run Drive, Germantown, TN 38138



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84617** 2. Name of Corporation **Physiotherapy Associates, Inc.**
3. Street Address Principal Business Office **3250 PLAYERS CLUB PARKWAY** City **MEMPHIS** State **TN** Zip **38125**
4. Business Phone No. **(616) 385-2600** 5. State of Incorporation **MICHIGAN** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PHYSICAL THERAPY CLINICS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)
President Name **Jason T. Blackwood** Vice President Name **Jeffrey S. Chitwood**
Street Address **3250 Player Club Parkway** Street Address **3250 Player Club Parkway**
City **Memphis TN 38125** City **Memphis TN 38125**
Secretary Name **David J Simpson** Treasurer Name **Christopher F Homrich**
Street Address **2725 Fairfield Road** Street Address **2725 Fairfield Road**
City **Kalamazoo MI 49002** City **Kalamazoo MI 49002**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)
Director Name Chairman Name: **John W. Brown**
Street Address **2725 Fairfield Rd**
City **Kalamazoo MI 49002**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$.10 PAR VALUE -

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
1000 - .01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *
1-1-02

File Date: **100250930**
Check No.: **2**
By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer **C.F. Homrich** Date **2/26/02**
Print or Type Name of Officer **C.F. Homrich**
Title of Officer **TREASURER**

PHYSIOTHERAPY ASSOCIATES, INC.

List of Corporate Officers

FEIN: 38-2617193

<u>NAME</u>	<u>TITLE</u>	<u>SSN</u>	<u>DIRECTOR</u>	<u>ADDRESS</u>
John W. Brown	Chairman	412-60-0535	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jason T. Blackwood	President	408-04-1129	Y	3250 Player Club Parkway, Memphis, TN 38125
Christopher F. Homrich	Treasurer	379-74-3259	N	2725 Fairfield Rd., Kalamazoo, MI 49002
David J. Simpson	VP/Secretary	372-46-8186	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jeffrey S. Chitwood	VP/Finance	415-96-5948	N	3250 Players Club Parkway, Memphis, TN 38125



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **84617** 2. Name of Corporation: **Physiotherapy Associates, Inc.**
3. Street Address Principal Business Office: **3250 Players Club Parkway** City: **Memphis** State: **TN** Zip: **38125**
4. Business Phone No: **(616) 385-2600** 5. State of Incorporation: **MICHIGAN** 6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island:

Physical Therapy Clinics

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jason T. Blackwood Street Address 2500 Horsham Dr. City Germantown TN State TN Zip 38138	Vice President Name Jeffrey S. Chitwood Street Address 6911 Brookside Cove City Germantown TN State TN Zip 38138
Secretary Name David J. Simpson Street Address 1212 Long Rd. City Kalamazoo MI State MI Zip 49008	Treasurer Name Christopher F. Homrich Street Address 742 W. Killgore Apt. 107 City Kalamazoo MI State MI Zip 49008

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John W. Brown Street Address 6464 Liteolier City Kalamazoo MI State MI Zip 49002	Director Name David J. Simpson Street Address 1212 Long Rd. City Kalamazoo MI State MI Zip 49008
Director Name Jason T. Blackwood Street Address 2500 Horsham Dr. City Germantown TN State TN Zip 38138	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	-	\$.10

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	-	\$.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date: 3/5
Check No: 1000250787
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/27/01
Print or Type Name of Officer: Christopher F. Homrich
Title of Officer: Treasurer

PHYSIOTHERAPY ASSOCIATES, INC.

List of Corporate Officers

FEIN: 38-2617193

NAME	TITLE	SSN	DIRECTOR	ADDRESS
John W. Brown	Chairman	412-60-0535	Y	6464 Liteolier, Kalamazoo, MI 49002
Jason T. Blackwood	President	408-04-1129	Y	2500 Horsham Dr, Germantown, TN 38139
Christopher F. Homrich	Treasurer	379-74-3259	N	742 W. Kilgore, Apt 107, Kalamazoo, MI 49008
David J. Simpson	VP/Secretary	372-46-8186	Y	1212 Long Rd., Kalamazoo, MI 49008
Jeffrey S. Chitwood	VP/Facilities	415-96-5948	N	6911 Brookside Cove, Germantown, TN 38138
Ellen Curry	VP/Clinical	410-94-7224	N	6335 River Commons Circle, Memphis TN 38120
Bobby Rouse	VP/Finance	412-31-0295	N	7419 Oak Run Drive, Germantown, TN 38138



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84617** 2. Name of Corporation **Physiotherapy Associates, Inc.**
 3. Street Address Principal Business Office **3250 Players Club Parkway** City **Memphis** State **TN** Zip **38125**
 4. Business Phone No. **(901) 685-7227** 5. State of Incorporation **MICHIGAN** 6. SIC Code **8099**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of clinics which provide physical therapy services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name SEE ATTACHED Jason Blackwood	Vice President Name Jeffrey S. Chitwood
Street Address 3250 Players Club Parkway	Street Address 3250 Players Club Parkway
City Memphis State TN Zip 38125	City Memphis State TN Zip 38125
Secretary Name David J. Simpson	Treasurer Name Christopher Hornrich
Street Address 2725 Fairfield Rd	Street Address 2725 Fairfield Rd
City Kalamazoo State MI Zip 49002	City Kalamazoo State MI Zip 49002

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SEE ATTACHED Johan W. Brown	Director Name
Street Address 2725 Fairfield Rd	Street Address
City Kalamazoo State MI Zip 49002	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	.10

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date: 3/20/00
 Check No.: 1000203260
 By: DS

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 3/20/00
 Print or Type Name of Officer: David J. Simpson
 Title of Officer: Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84617**
2. Name of Corporation **Physiotherapy Associates, Inc.**

3. Street Address Principal Business Office **3250 Players Club Parkway** City **Memphis** State **TN** Zip **38125**
4. Business Phone No. **901 685-7227** 5. State of Incorporation **MICHIGAN** 6. SIC Code **8099**

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of clinics which provide physical therapy services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name *See Attached Jason T. Blackwood*
Street Address **3250 Players Club Pkwy**
City **Memphis** State **TN** Zip **38125**
Secretary Name **David J. Simpson**
Street Address **2725 Fairfield**
City **Kalamazoo** State **MI** Zip **49002**

Vice President Name **Bobby Rouse**
Street Address **3250 Players Club Pkwy**
City **Memphis** State **TN** Zip **38125**
Treasurer Name **Christopher Homrich**
Street Address **2725 Fairfield Rd**
City **Kalamazoo** State **MI** Zip **49002**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name *See Attached John W. Brown*
Street Address **2725 Fairfield Rd**
City **Kalamazoo** State **MI** Zip **49002**

Director Name **Jeffrey S. Chitwood**
Street Address **3250 Players Club Pkwy**
City **Memphis** State **TN** Zip **38125**
Director Name **Ellen L Lurry**
Street Address **3250 Players Club Pkwy**
City **Memphis** State **TN** Zip **38125**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common	.10

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date: Feb 22, 1999
Check No.: 1000134621
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/3/99
Print or Type Name of Officer: Christopher F Homrich
Title of Officer: Treasurer

PHYSIOTHERAPY ASSOCIATES, INC.

List of Corporate Officers

FEIN: 38-2617193

<u>NAME</u>	<u>TITLE</u>	<u>SSN</u>	<u>DIRECTOR</u>	<u>ADDRESS</u>
John W. Brown	Chairman	412-60-0535	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jason T. Blackwood	President	408-04-1129	Y	3250 Player Club Parkway, Memphis, TN 38125
Christopher F. Hornrich	Treasurer	379-74-3259	N	2725 Fairfield Rd., Kalamazoo, MI 49002
David J. Simpson	VP/Secretary	372-46-8186	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jeffrey S. Chitwood	VP/Finance	415-98-5948	N	3250 Players Club Parkway, Memphis, TN 38125

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84617** 2. Name of Corporation **Physiotherapy Associates, Inc.**

3. Street Address Principal Business Office **3250 Players Club Parkway** City **Memphis** State **TN** Zip **38125**
 4. Business Phone No. **901685-7227** 5. State of Incorporation **MICHIGAN** 6. SIC Code **8099**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of Clinics which provide physical therapy services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Jason T. Blackwood Street Address 3250 Players Club Parkway City State Zip Memphis TN 38125	Vice President Name Jeffrey S. Chitwood Street Address 3250 Players Club Parkway City State Zip Memphis TN 38125
Secretary Name David J. Simpson Street Address 2725 Fairfield Rd. City State Zip Kalamazoo MI 49002	Treasurer Name Christopher F. Homrich Street Address 2725 Fairfield Rd. City State Zip Kalamazoo MI 49002

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name John W. Brown Street Address 2725 Fairfield Rd. City State Zip Kalamazoo MI 49002	Director Name David J. Simpson Street Address 2725 Fairfield Rd. City State Zip Kalamazoo MI 49002
Director Name Jason T. Blackwood Street Address 3250 Players Club Parkway City State Zip Memphis TN 38125	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
X	1000	Common	.10

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
X	1000	Common	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 4 6 1 7 *

File Date: **3.23.98**
 Check No.: **1000053750**
 By: **[Signature]**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X **[Signature]** **2-16-98**
 Signature of Officer Date
Christopher F. Homrich
 Print or Type Name of Officer
Treasurer
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84617** 2. Name of Corporation **Physiotherapy Associates, Inc.**

3. Street Address Principal Business Office **10410 Poplar Ave, Suite 1410** City **Memphis** State **TN** Zip **38119**

4. Business Phone No. **916-385-2600** 5. State of Incorporation **MICHIGAN**

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of clinics which provide physical therapy services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X**

President Name **See attached John W. Brown**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Vice President Name **David J. Simpson**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Secretary Name **David J. Simpson**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Treasurer Name **Christopher F. Homrich**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **X**

Director Name **See attached John W. Brown**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Director Name **David J. Simpson**
Street Address **2725 Fairfield Rd.**
City **Kalamazoo** State **MI** Zip **49002**

Director Name **Ronald A. Elenbaas**
Street Address **4100 E. Milham**
City **Kalamazoo** State **MI** Zip **49001**

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common	.10

Number of Shares	Class/Series	Par Value
1000	Common	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **3.20.97**
Check No.: **12004**
By: **LP**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date **2/20/97**
Print or Type Name of Officer **David J. Simpson**
Title of Officer _____

STRYKER SALES CORPORATION

List of Corporate Officers
FEIN: 38-2902424

<u>NAME</u>	<u>TITLE</u>	<u>DIRECTOR</u>	<u>ADDRESS</u>
John W. Brown	Chairman	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Ronald A. Elenbaas	President	Y	4100 E. Milham, Kalamazoo, MI 49001
David J. Simpson	VP & Sec.	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Harry E. Carmitchel	Vice President	N	6300 Sprinkle Rd., Kalamazoo, MI 49001
Christopher F. Homrich	Treasurer	N	2725 Fairfield Rd., Kalamazoo, MI 49002

I:\TAX\STATE\OFF_LIST\ssc_ofss.XLS

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84617 2. NAME OF CORPORATION Physiotherapy Associates, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 6110 Poplar Ave., Suite 140 CITY Memphis STATE TN ZIP CODE 38119

4. BUSINESS PHONE NO. (616) 385-2600 5. STATE OF INCORPORATION MICHIGAN 6. SIC CODE 8099

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

operation of clinics which provide physical therapy services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME (see attached) VICE PRESIDENT NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

SECRETARY NAME _____ TREASURER NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME (see attached) DIRECTOR NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

DIRECTOR NAME _____ DIRECTOR NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<u>1,000</u>	<u>Common</u>	<u>.10</u>	<u>1,000</u>	<u>Common</u>	<u>.10</u>

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/4/96
Check No: 100205
ICP

[Signature]
Signature of Officer

DAVID J. SIMPSON
Print or Type Name of Officer

By: _____
For Secretary of State Use Only

SECRETARY
Title of Officer

2/28/96
Date

PHYSIOTHERAPY ASSOCIATES, INC.

List of Corporate Officers

FEIN: 38-2617193

<u>NAME</u>	<u>TITLE</u>	<u>SSN</u>	<u>DIRECTOR</u>	<u>ADDRESS</u>
John W. Brown	Chairman	412-60-0535	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jason T. Blackwood	President	408-04-1129	Y	6075 Poplar Ave, Suite 229, Memphis, TN 38119
Julia Paradine-Rice	Treasurer	383-64-2350	N	2725 Fairfield Rd., Kalamazoo, MI 49002
David J. Simpson	VP/Secretary	372-46-8186	Y	2725 Fairfield Rd., Kalamazoo, MI 49002
Jeffrey S. Chitwood	VP/Finance	415-96-5948	N	6075 Poplar Ave., Suite 229, Memphis, TN 38119