



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 08/30/1997

FILING FEE \$45.00 *WAL*

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM (corporate information printed in blue ink). Make changes or corrections where necessary. REFER TO THE INSTRUCTIONS ON PAGE 4.

1. CACTUS PHYSICAL THERAPY LIMITED, INC.  
49039 N 23RD DR  
NEW RIVER, AZ 85027-6946

Business Phone: \_\_\_\_\_ Corporation File Number: -0215612-4  
(Business phone is optional.)  
State of Domicile: ARIZONA Type of Corporation: PROFIT

2. Arizona Statutory Agent: RICHARD L PAINCHAUD  
Street Address: 49039 N 23RD DR  
(NOT P.O. BOX)  
City, State, Zip: NEW RIVER AZ 85027-6946

ACC USE ONLY	
Fee	\$ <i>45</i>
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Total	\$ _____
FY97-98	

**PAID**

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

*NO CHANGE*  
Signature: *Richard L Painchaud* A.C.C. CORPORATIONS DIV.  
RECEIVED

3. Secondary Address:  
(Foreign Corporations are  
**REQUIRED** to complete  
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting              | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising             | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace               | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture             | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture            | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance         | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology     | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction            | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor              | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection      | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education              | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering            | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment          | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting     | <input type="checkbox"/> 33. Television/Radio                |
| <input checked="" type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel            | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export          | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance              | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services         | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |  |
|--|
| <input type="checkbox"/> 1. Charitable   |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input type="checkbox"/> 4. Civic  |
| <input type="checkbox"/> 5. Political  |
| <input type="checkbox"/> 6. Religious  |
| <input type="checkbox"/> 7. Social   |
| <input type="checkbox"/> 8. Literary   |
| <input type="checkbox"/> 9. Cultural   |
| <input type="checkbox"/> 10. Athletic  |
| <input type="checkbox"/> 11. Science/Research  |
| <input type="checkbox"/> 12. Hospital/Health Care  |
| <input type="checkbox"/> 13. Agricultural  |
| <input type="checkbox"/> 14. Animal Husbandry  |
| <input type="checkbox"/> 15. Homeowner's Association                                     |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____   |

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

AUG 29 1997

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

100,000COMMONONE DOLLAR PER SHARE

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

NONE ISSUED**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. (If no changes since last report, check here    and go on to Section 7.) RA

Name: DR RICHARD L PAINCHAUDName: GERDA WEINBOCK-PAINCHAUDNONE ☐Name:   Name:   **7. OFFICERS** (If no changes since last report, check here    and go on to Section 8.)Name: GERDA WEINBOCK-PAINCHAUDName: DR RICHARD L PAINCHAUDTitle: PRESIDENT/CEOTitle: VICE-PRESIDENTAddress: 49039 N 23RD DR  
NEW RIVER, AZ 85027-6946Address: 49039 N 23RD DR  
NEW RIVER, AZ 85027-6946Date taking office: 06-28-89Date taking office: 06-28-89Name: DR RICHARD L PAINCHAUDName: GERDA WEINBOCK PAINCHAUDTitle: SECRETARYTitle: TREASURERAddress: 49039 N 23RD DR  
NEW RIVER, AZ 85027-6946Address: 49039 N 23RD DR  
NEW RIVER, AZ 85027-6946Date taking office: 06-28-89Date taking office: 06-28-89**8. DIRECTORS** (If no changes since last report, check here    and go on to Section 9.)Name: DR RICHARD L PAINCHAUDName: GERDA WEINBOCK PAINCHAUDAddress: 49039 N 23RD DRAddress: 49039 N 23RD DRNEW RIVER, AZ 85027-6946NEW RIVER, AZ 85027-6946Date taking office: 06-28-89Date taking office: 06-28-89Name:   Name:   Address:   Address:   Date taking office:   Date taking office:

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)**

Only corporations that meet one or more of the following criteria must attach a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:YES ☐NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §10-202.D.2)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box must be marked:YES ☐NO ☒

If YES, enter the following: Chapter N/A Date Filed N/A Case Number N/A

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above. 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. **CAUTION:** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Dr. RICHARD L. FAINCHUK Date 8-29-97 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Dr. Richard L. Fainchuk Signature \_\_\_\_\_

Title VLE President and Secretary and Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

statutory agent.