2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90404 036 ****61.25

DOCUMENT # N21650

1. Entity Name

SECTION ON HEALTH POLICY & ADMINISTRATION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 4553 MISSOULA MT 59806-4553	PO BOX 4553 MISSOULA MT 59806-4553

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-1179218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, PARTICK R
UNIVERSITY OF FLORIDA-PHYSICAL THERAPY
12901 BRUCE B. DOWNS BOULEVARD MDC77
TAMPA FL 33612-4766

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIFFIN, ANN 1924 ALCOA HIGHWAY KNOXVILLE TN 37920	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kathleen Luedtke-Hoffmann 7505 Vista Ridge Court Garland TX 75044-2065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RESNIK, CHERYL 1540 EAST ALCAZAR CHP 155 LOS ANGELES CA 90089	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLOOM, CAROLYN 1045 SW GAGE BLVD TOPEKA KS 66604	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mary Sinnott 66 E. Plumstead Ave Lansdowne PA 19050-1432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAVALAR, MAUREEN 6529 N BRAEBURN LANE GLENDALE WI 53209-3323	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ed Dobrzykowski Jr 8615 26th St. Apt. 232 University Place, WA 98466-8283	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S Kathleen Luedtke-Hoffmann 2-5-03 312-551-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #