

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0158937 AV

DOCUMENT # P96000035659

1. Entity Name

SUNCARE PHYSICAL THERAPY, INC.

03-14-2002 90054 017 ***150.00

Principal Place of Business

**16570 NW 16TH STREET
 PEMBROKE PINES FL 33028**

Mailing Address

**16570 NW 16TH STREET
 PEMBROKE PINES FL 33028**

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

65-0662258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VALENTINE, RENFORD
 335 N.W. 152ND LANE
 PEMBROKE PINES FL 33028**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ARRIETTA, ASTRID	
STREET ADDRESS	335 N.W. 152ND LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	☐ Delete
NAME	VALENTINE, RENFORD	
STREET ADDRESS	335 N.W. 152ND LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	PTD	☐ Delete
NAME	ARRIETTA, ASTRID	
STREET ADDRESS	335 NW 152ND LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPSD	☐ Delete
NAME	VALENTINE, RENTFORD	
STREET ADDRESS	335 NW 152ND LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

Daytime Phone #

CR2E034 (9/01)