2000 UNIFORM BUSINES'S REPORT (UBR) DOCUMENT # P96000103828 1. Entity Name

FILED Mar 22, 2000 8:00 am Secretary of State

INTEGRA	TED PHYSICAL THERAPIES	S, INC.		03-22-20	000 90078 008	***150).00
Principal Place		Mailing Address					
1760 IRVING STREET SARASOTA FL 34236		1760 IRVING STREET SARASOTA FL 34236-8441		0 4 0 0 4 5			
2. Principal P	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SPAC	E	
City & State		City & State		4. FEI Number 65-07207	FEI Number 65-0720711 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		75 Addit	tional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of Nev	v Registered Agen		
			Name				
1760	MES, CHERYL IRVING STREET		Street Address	s (P.O. Box Number is Not Acceptable)			
SAH	ASOTA FL 34236	<u> </u>	City		FL 2	Zip Code	
8. The above	named entity submits this statement	for the purpose of chang	ing its registered office or regist	tered agent, or both, in the State of	Florida.		
SIGNATURE.	Signature, typed or printed name of registered agei	nt and title if applicable	(NOTE, Registered Agent signature requi	ired when reinstating)	DATE		
Tax filing r	pration is eligible to satisfy its Intangib equirement and elects to do so.	After MAY	IOW!!! FEE IS \$150.00 1, 2000 Fee will be \$550.00 Payable to Department of S				May Be to Fees
11.	OFFICERS AN		12.	ADDITIONS/CHANGES TO C	OFFICERS AND DIR	ECTÓRS	IN 11
TITLE NAME STREET ADDRESS	DPST SHAMES, CHERYL 1760 IRVING STREET	Delete				Change	Addition
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP				
TITLE NAME		Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		i	CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME		Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				<u>.</u>
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	-		Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS		Li Delete	NAME STREET ADDRESS			Thungo	
CITY-ST-ZIP	,		CITY-ST-ZIP				
indiantod	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em	Lie true and accurate and	that my signature shall have if	ne same legal effect as it mage und	ier oain: inal i am ai	n oilicer i	or unector

changed, or on an attachment with an address, with all other like empowered.

Chenyl Shames PRESIDENT
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

031700

941-917-0657