## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2001 8:00 am DOCUMENT # P9900004101

1. Entity Name PROFESSIONAL THERAPY & REHAB SERVICES, INC.						Secretary of State 01-19-2001 90075 007 ***150.00					
Principal Place of Business 5158 ELPINE WAY		Mailing Address 5158 ELPINE WAY			_		n i	13 /I 34 /I	. 4		
PALM BEACH GA	RDENS FL 33418	PALM BEACH GARDENS FL 33418				0 0 4 9 4 4					
2. Principal Plac	ce of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7		DO NOT W	/RITE IN THI	S SPACE		
City & State		City & State			4. F	0070800788			Applied For		
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired			d 🗆	\$9.75 Addistrict		
	6. Name and Address of Current R	gistered Agent Name			7. Name and Address of New Registered Agent						
4000 6	, MARC B STRATFORD WAY 5158 PALM BEACH FL 33409 PAC	ELPINE WI M BEACH GALDEA 331	15,FC	Street Address City	s (P.O. B	ox Number	is Not Accepta	able)	'L Zip Co	ode	
SIGNATURE	amed entity submits this statement for t gnature, typed or printed name of registered agent an			ed office or registi d Agent signature requir			in the State of	Florida.			
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, 2001 Fee will be \$550. Make Check Payable to Department of			ate	Trust	on Campaign Fund Contrib	ution.	☐ Add	.00 May Be ed to Fees	
11.	OFFICERS AND D	ulio o	12.		AD	DITIONS/CI	HANGES TO C	OFFICERS A			
NAME STREET ADDRESS	DOME MARKE DOME	MARC B ECPINE WAY BG,FC 33418	TITL NAM STRE	- 1					☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J				_	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l					☐ Change	Addition	
of the corpo	tify that the information supplied with the other than this report or supplemental report is to traition or the receiver or trustee empower on an attachment with an address, with	vered to execute this report	as requi	mption stated in S ture shall have the red by Chapter 60	Section 1 e same l 07, Florid	19.07(3)(i), egal effect a da Statutes;	Florida Statute is if made und and that my n	es. I further o er oath; that ame appear	certify that the I am an office s in Block 11	information er or director or Block 12 if	