

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109100

1. Entity Name

NEW LIFE PHYSICAL THERAPY AND REHABILITATION, IN

Principal Place of Business

11860 NW 13TH ST.  
PEMBROKE PINES FL 33026

Mailing Address

11860 NW 13TH ST.  
PEMBROKE PINES FL 33026

2. Principal Place of Business

4241 Hwy 101 N

Suite, Apt. #, etc.

Crescent City

City & State

CA

3. Mailing Address

4241 Hwy 101 N

Suite, Apt. #, etc.

Crescent City

City & State

CA

Zip

95531

Country

USA

Zip

95531

Country

USA

6. Name and Address of Current Registered Agent

FOTI, CHRISTA M  
11860 NW 13TH ST.  
PEMBROKE PINES FL 33026

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, 2001 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 DPT  
NAME FOTI, STEPHEN ☐ Delete  
STREET ADDRESS 11860 NW 13TH ST.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE DVS  
NAME FOTI, CHRISTA M ☐ Delete  
STREET ADDRESS 11860 NW 13TH ST.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DPT ☒ Change ☐ Addition  
NAME Foti Stephen  
STREET ADDRESS 11860 NW 13TH ST 4241 Hwy 101 N  
CITY-ST-ZIP Crescent City CA 95531

TITLE DVS ☒ Change ☐ Addition  
NAME Foti Christa  
STREET ADDRESS 4241 Hwy 101 N  
CITY-ST-ZIP Crescent City CA 95531

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: Christa Foti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01  
Date

(707) 465-5748  
Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91007 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0812497  
Applied For ☐  
Not Applicable ☐

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

CR2E034 (10/00)