

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613984

1. Entity Name

ACUPUNCTURE AND PHYSICAL THERAPY, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90018 011 \*\*\*150.00

Principal Place of Business

Mailing Address

8600 SW 92 STREET  
SUITE 101  
MIAMI FL 33156  
US

14534 SW 58TH TERRACE  
MIAMI FL 33183-1036

2. Principal Place of Business

5401 Collins Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CU12

City & State  
Miami Beach, FL

City & State

4. FEI Number 59-1900414

Applied For  
Not Applicable

Zip  
33140

Country  
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIN, LINDA W  
8600 SW 92 ST STE 101  
MIAMI FL 33156

Name Ching Linda W.

Street Address (P.O. Box Number is Not Acceptable)  
5401 Collins Ave

CU12

City Miami Beach FL Zip Code 33140

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)

4/01/2000  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CHIN, LINDA W  
STREET ADDRESS 8600 SW 92ND STREET, #101  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE PD  
NAME Ching Linda W.  
STREET ADDRESS 5401 Collins Ave, CU12  
CITY-ST-ZIP Miami Beach, FL 33140 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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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

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

4/01/2000 (305) 866-6911  
Date Daytime Phone #

CR2E034 (9/99)