

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696480

1. Entity Name

PHYSICAL THERAPY AND REHABILITATION CLINIC OF ST

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90004 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1797 OLD MOULTRIE RD #112  
 ST. AUGUSTINE FL 32086

1797 OLD MOULTRIE RD #112  
 ST. AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1797 Old Moultrie Rd  
 Suite, Apt. #, etc.  
 # 109

3. Mailing Address

1797 Old Moultrie Rd  
 Suite, Apt. #, etc.  
 # 109

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

4. FEI Number 59-2115580

Applied For

Not Applicable

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

EBERLING, ROBERT A CPA  
 1400 OLD DIXIE HWY  
 SUITE E  
 ST. AUGUSTINE FL 32086

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete  
 NAME HARANAGE, HOWARD T  
 STREET ADDRESS 11 HAWKBILL LANE  
 CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

Howard T. Haranage  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-01

Date

(904) 824-3361  
 Layman Phone #

CR2E034 (10/00)