

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703628

1. Entity Name

C C C PHYSICAL THERAPY CENTER, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90034 025 ****61.25

Principal Place of Business

300 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953

Mailing Address

300 WEST MERRITT AVENUE
MERRITT ISLAND FLA 32953-4805

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0976184

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

SHEPHERD, TERRY
785 LARKVIEW STREET
MERRITT ISLAND FL 32953

Name *NA*

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

Terry Shepherd PT, MSHA, Exec. Director *Terry Shepherd* *1/7/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME PTR
STREET ADDRESS OLSEN, GARY M
CITY-ST-ZIP 245 E GRANT AVE
COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete

NAME VTR
STREET ADDRESS WEBER, LARRY
CITY-ST-ZIP 201 INTERNATIONAL DR
CAPE CANAVERAL FL 32920

TITLE ☒ Change ☐ Addition

NAME VTR
STREET ADDRESS Diana Nelson
CITY-ST-ZIP 100 Delannoy Avenue
Cocoa, FL 32926

TITLE ☒ Delete

NAME STR
STREET ADDRESS BENTON, SHERRY
CITY-ST-ZIP 835 FIRST ST
MERRITT ISLAND FL 32920

TITLE ☒ Change ☐ Addition

NAME STR
STREET ADDRESS Greg Bonenberger
CITY-ST-ZIP 91 E. Merritt Island Cswy
Merritt Island, Cswy 32952

TITLE ☐ Delete

NAME TTR
STREET ADDRESS ROOD, KAREN
CITY-ST-ZIP 4155 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME D
STREET ADDRESS SHEPHERD, TERRY
CITY-ST-ZIP 785 LARKVIEW STREET
MERRITT ISLAND FL 32953

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry Shepherd PT, MSHA *Terry Shepherd PT, MSHA Exec. Dir.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/7/00* Daytime Phone #