2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # 703628** 1. Entity Name C C C PHYSICAL THERAPY CENTER, INC. 02-02-2001 90283 050 ****61.25 Principal Place of Business Mailing Address 300 WEST MERRITT AVENUE 300 WEST MERRITT AVENUE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 709508 2. Principal Place of Business 3. Mailing Address wess Memith Ave 300 300 W. Merritt Aue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number H-Island 59-0976184 Merrit merr. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) SHEPHERD, TERRY 785 LARKVIEW STREET MERRITT ISLAND FL 32953 Zip Code FL 8. The above named entity submits this stetement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 2000 11. 7001 PTR Delete Change ☐ Addition TITLE TITLE Karen Wilkins OLSEN, GARY M NAME NAME 1330 Oak Street 245 E GRANT AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 Melbourne, FL 32901 CITY-ST-ZIP VTR VTR Beardall Delete ☐ Addition TITLE TITLE Change **NELSON, DIANA** NAME NAME 350 Quail Drive 100 DELANNOY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP Merritt Island FE3295 STR TITLE ☐ Delete TITLE ☐ Addition Greg Bonenberger 91 E. Merritt Island CSWY BONENRIBERGER, GREG NAME NAME 91 E. MERRITT ISLAND CSWY STREET ADDRESS STREET ADDRESS Merritt Island, FL 32953 CITY-ST-ZIP **MERRITT ISLAND FL 32920** CITY-ST-ZIP TTR ☐ Delete TITLE TITLE Karen Rood ROOD, KAREN 4155 S. Tropical Trail STREET ADDRESS 4155 S. TROPICAL TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** Merritt Island, FL TITLE Delete TITLE ☐ Change ☐ Addition SHEPHERD, TERRY NAME NAME STREET ADDRESS 785 LARKVIEW STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.