

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90061 017 \*\*\*150.00

**DOCUMENT # F48214**

1. Entity Name

**NORTH DADE PHYSICAL THERAPY, INC.**

Principal Place of Business

**18690 N.W. 2ND AVENUE  
MIAMI FL 33169-4508**

Mailing Address

**18690 N.W. 2ND AVENUE  
MIAMI FL 33169-4508**

2. Principal Place of Business

**18690 N.W. 2ND AVE**

Suite, Apt. #, etc.

3. Mailing Address

**3850 SHERIDAN STREET**

Suite, Apt. #, etc.

City &amp; State

**MIAMI FL**

City &amp; State

**HOLLYWOOD FL**

Zip

**33169-4508**

Country

**USA**

Zip

**33021-3634**

Country

**USA**

4. FEI Number

**59-2126906**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES M. SHAPIRO  
18690 N.W. 2ND AVENUE  
MIAMI FL 33169**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHAPIRO, CHARLES M.	18690 N.W. 2ND AVENUE	MIAMI FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	SHAPIRO, ANNA B.	18690 N.W. 2ND AVENUE	MIAMI FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SHAPIRO, ANNA B.	18690 N.W. 2ND AVENUE	MIAMI FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Anna B. Shapiro** **ANNA B. SHAPIRO, Secretary/treasurer 4/15/2002 9954-989-5255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)