

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30991

1. Entity Name
HYDROTONICS THERAPY CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90313 007 ***150.00

Principal Place of Business
7531 NW 72ND AVE
MIAMI FL 33166

Mailing Address
7531 NW 72ND AVE
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7521 NW 72 Ave.
Suite, Apt. #, etc.

3. Mailing Address
7521 NW 72 Ave.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2279319

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

MALAND, ROBERT C., ESQ.
#2 DATRAN CENTER #1209
9130 S. DADELAND BLVD
MIAMI FL 33156

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, 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGRATH, ANN D	
STREET ADDRESS	7531 N W 72 ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWER, BRIAN V.	
STREET ADDRESS	7521 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILKERSON, JAMES E.	
STREET ADDRESS	7531 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEEDS, EILEEN M.	
STREET ADDRESS	7531 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBIN	
STREET ADDRESS	7531 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7521 NW 72 AVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7521 NW 72 AVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ann D. McGrath, SEC./TREAS. 4-16-01 828-859-3018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)