

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H77947**

1. Entity Name

**PHYSICAL THERAPY OF HOBE SOUND, INC.****FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90053 016 \*\*\*150.00

Principal Place of Business

Mailing Address

8805 SE BRIDGE RD  
HOBE SOUND FL 33455  
USSHIRLEY PEARSON  
2300 S DIXIE HWY #101  
MIAMI FL 33133-2357  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2591226

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

SHIRLEY PEARSON  
210 JUPITER LAKES BLVD.  
BUILDING 3000/SUITE 203  
JUPITER FL 33458Name Shirley Pearson

Street Address (P.O. Box Number is Not Acceptable)

2300 S. DIXIE HWY #101City Miami

FL

Zip Code  
33133

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, 2000 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 ☐ Delete  
NAME DP  
STREET ADDRESS PEARSON, SHIRLEY  
CITY-ST-ZIP 2300 SOUTH DIXIE HWY., SUITE 101  
MIAMI FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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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: Shirley Pearson Shirley Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

305-854-4263

Daytime Phone #