

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90056 039 \*\*\*150.00

**DOCUMENT # H77947**

1. Entity Name

**PHYSICAL THERAPY OF HOBE SOUND, INC.**

Principal Place of Business

**8805 SE BRIDGE RD  
 HOBE SOUND FL 33455  
 US**

Mailing Address

**SHIRLEY PEARSON  
 2300 S DIXIE HWY #101  
 MIAMI FL 33133  
 US**

2. Principal Place of Business

3. Mailing Address

**445 Grand Bay Dr  
 Suite, Apt. #, etc.  
 # 215**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Key Biscayne, FL**

4. FEI Number **59-2591226**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33149 - Miami Dade**

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  
 2300 S. DIXIE HWY  
 101  
 MIAMI FL 33133**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **PEARSON, SHIRLEY**  
 STREET ADDRESS **2300 SOUTH DIXIE HWY., SUITE 101**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **Pres** ☒ Change ☐ Addition  
 NAME **Pearson, Shirley**  
 STREET ADDRESS **445 Grand Bay Dr. #215**  
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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, President**

**4-28-01**

Date

**305-361-6974**

Daytime Phone #

CR2E034 (10/00)