

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H77947**

1. Entity Name  
**PHYSICAL THERAPY OF HOBE SOUND, INC.**

FILED

02 JUL 16 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8805 SE BRIDGE RD HOBE SOUND FL 33455 US</b>		Mailing Address <b>445 GRAND BAY DR #215 KEY BISCAVNE FL 33149 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2591226</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHIRLEY PEARSON 2300 S. DIXIE HWY 101 MIAMI FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Shirley Pearson</b> Street Address (P.O. Box Number is Not Acceptable) <b>445 GRAND Bay DR. #215</b> <b>Key Biscayne, FL 33149</b> City <b>FL</b> Zip Code	
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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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEARSON, SHIRLEY 445 GRAND BAY DR #215 KEY BISCAVNE FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000006471800-0</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-07/17/02--01063--006</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Shirley Pearson **7-5-02 305-361-6974**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/01)

Shirley Pearson  
445 Grand Bay Dr. #215  
Key Biscayne, FL 33149

Sec. of State  
Division of Corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500


Dear Sir,

Because I have been very ill ~~and~~  
a tumor in my lungs I did not send  
these forms & payment in on a timely  
manner. I called regarding a reprieve  
from the excess fine - I am enclosing  
a letter from my Dr. & hope I can  
pay the original rate as the additional  
amount would be a hardship -

Thank you for your help -

Shirley Pearson  
Corp. # 59-1694680  
and # ~~55~~ 59-2591226

Attachment

# 5140 

Kemper Medical Clinic of Key Biscayne

ROBERT R. KEMPER, Jr., M.D., Ph.D.  
Board Certified in Internal Medicine

# H77947

July 6, 2002

Office of the Secretary of State

Re: Shirley Pearson

To Whom It May Concern:

Mrs. Shirley Pearson has been ill for the past several months and was recently diagnosed with metastatic adenocarcinoma. She is currently receiving chemotherapy. Consequently, she was not able to renew her corporation fees in a timely manner. Due to these extenuating circumstances, we are requesting that you consider waiving any delinquency charges.

Thank you for your time and consideration in dealing with this matter. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,



Robert R. Kemper, Jr., M.D., PhD

CC: Ms. Shirley Pearson

L'Esplanade Mall  
967 Crandon Boulevard  
Key Biscayne, FL 33149  
rrkemper@aol.com  
305-361-9313