

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90004 006 ***150.00

DOCUMENT # K38314

1. Entity Name

REGIONAL PHYSIOTHERAPY CENTRE, INC.

Principal Place of Business

Mailing Address

~~% PAUL J. NICOLETTI~~
313 10TH ST.
WEST PALM BEACH FL 33401
US

~~% PAUL J. NICOLETTI~~
~~317 TENTH STREET~~
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BEACH, FL

Zip

Country

Zip
33416-0077

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLETTI, PAUL J.

~~317 TENTH STREET~~

~~WEST PALM BEACH FL 33401~~

Name

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

946 S. PATRICK CIRCLE

City
WEST PALM BEACH

FL

Zip Code
33406-4476

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICOLETTI, PAULA P.
946 SOUTH PATRICK CIRCLE
W PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA P. NICOLETTI

1/10/2001

(561) 833-2244

Date

Daytime Phone #

CR2E034 (10/00)