

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91732 004 ***150.00

DOCUMENT # K68070

1. Entity Name

PROGRESSIVE/HOME PHYSICAL THERAPY, P.A.

Principal Place of Business

**1548 YANCY ST
 PORT CHARLOTTE FL 33952
 US**

Mailing Address

**% GARY S. LANIGAN
 P.O. BOX 2123
 PORT CHARLOTTE FL 33949**

2. Principal Place of Business

23064 B Harborview Rd.

Suite, Apt. #, etc.

23064 B

City & State

Port Charlotte FL

Zip

33980 Charlotte

Country

Char.

3. Mailing Address

23064 B Harborview Rd.

Suite, Apt. #, etc.

23064 B

City & State

Port Charlotte FL

Zip

33980

Country

Char.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0108116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LANIGAN, GARY S.
 3755 PEACE RIVER DR.
 PUNTA GORDA FL 33983**

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, 2002 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 **D** ☐ Delete
 NAME **LANIGAN, GARY S.**
 STREET ADDRESS **3755 PEACE RIVER DR.**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **VP** ☐ Delete
 NAME **LANIGAN, SANDRA**
 STREET ADDRESS **3755 PEACE RIVER DRIVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Sandra Lanigan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Lanigan

3/2/02
 Date

941-627-6843
 Daytime Phone #

CR2E034 (9/01)