

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90029 035 ****50.00

DOCUMENT # L01000004037

1. Entity Name

EUROPEAN PHYSICAL THERAPY LC

Principal Place of Business

3009 SILK OAK DRIVE
SARASOTA FL 34232

Mailing Address

3009 SILK OAK DRIVE
SARASOTA FL 34232

2. Principal Place of Business

2708 Fruitville Rd

Suite, Apt. #, etc.

3. Mailing Address

2708 Fruitville Rd

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

651091880

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUGLEBERG, KEEFE
3009 SILK OAK DRIVE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Fugleberg, Keefe

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

2708 Fruitville Rd

City

Sarasota

FL

Zip Code

34239

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

Keefe Fugleberg Physical Therapist

1/27/02

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	OWNER/Physical Therapist	<input type="checkbox"/> Delete
NAME	Keefe Fugleberg	
STREET ADDRESS	2708 Fruitville Rd	
CITY-ST-ZIP	Sarasota, FL 34239	

TITLE	OWNER/Physical Therapist	<input type="checkbox"/> Delete
NAME	Lisa Titterud	
STREET ADDRESS	2708 Fruitville Rd	
CITY-ST-ZIP	Sarasota FL 34239	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Keefe Fugleberg

Physical Therapist
(941) 957-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083 (9/01)