

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/17/

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90009 028 \*\*\*\*50.00

**DOCUMENT # L02000007046**



1. Entity Name  
**PRECISION THERAPY, LLC**

Principal Place of Business  
**1290 FEDERAL HIGHWAY  
ROCKLEDGE FL 32955**

Mailing Address  
**1290 FEDERAL HIGHWAY  
ROCKLEDGE FL 32955**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

**27-0007329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAUGHAN, SCOTT M ESQUIRE  
1290 FEDERAL HIGHWAY  
ROCKLEDGE FL 32955**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OTRANTO, JOSEPH  
1675 JACK OATES BOULEVARD, #7  
ROCKLEDGE FL 32955**

☒ Delete

TITLE  
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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCOTT MASON BAUGHAN  
409 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955**

☐ Change ☒ Addition

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)