

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90231 007 \*\*\*150.00

714700



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L28681</b> 1. Entity Name <b>PARKWAY PHYSICAL THERAPY, INC.</b>																																																																																																											
Principal Place of Business <b>600 N BLVD W STE D LEESBURG FL 34748 US</b>		Mailing Address <b>PO BOX 491634 LEESBURG FL 34749-1654 US</b>																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 491654</b> Suite, Apt. #, etc.																																																																																																									
City & State		City & State <b>Leesburg FL</b>																																																																																																									
Zip <b>34749-1654</b>	Country <b>US</b>	4. FEI Number <b>65-0155668</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> <div style="float: right;"> <b>\$8.75 Additional Fee Required</b> </div>		6. Name and Address of Current Registered Agent <b>GOLDSTEIN, GERALD 2918 COCOVIA WAY LEESBURG FL 34748</b>																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 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>																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTD</td> <td style="width: 30%;">TITLE</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>GOLDSTEIN, ROBERT J</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33210 COVENTRY DR</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEESBURG FL</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>GOLDSTEIN, GERALD</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2918 COCOVIA WAY</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEESBURG FL</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PTD	TITLE		NAME	GOLDSTEIN, ROBERT J	NAME		STREET ADDRESS	33210 COVENTRY DR	STREET ADDRESS		CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE	VPD	TITLE		NAME	GOLDSTEIN, GERALD	NAME		STREET ADDRESS	2918 COCOVIA WAY	STREET ADDRESS		CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		Date <b>2/7/01</b> (352) 787-9300																																																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											

CR2E034 (10/00)