

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # L90484**1. Entity Name
THE PHYSICAL THERAPY EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
P. O. BOX 271469	PO BOX 271469
TAMPA FL 336881469	TAMPA FL 336881469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3054519Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MADDEN, WILLIAM J.**
16222 PARKSIDE DR**TAMPA FL 33624****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 _____ **01/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VSD	☐ Delete
NAME	MADDEN KARIN BVSD	
STREET ADDRESS	16222 PARKSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	PTD	☐ Delete
NAME	MADDEN WILLIAM JPTD	
STREET ADDRESS	16222 PARKSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: William J. Madden**PTD 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)