

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96020

1. Entity Name
PHYSICAL THERAPY WALK-IN CLINIC, P.A.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 024 ***550.00

Principal Place of Business

5348 GRAND BLVD
NEW PORT RICHEY FL 34652
US

Mailing Address

5823 IMPERIAL KEY DRIVE
TAMPA FL 33615
US

2. Principal Place of Business

1710 W. MARTIN L.K. Blvd.

3. Mailing Address

P.O. Box 152784

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

Country

33607 U.S.A.

Zip

Country

33684 U.S.A.

4. FEI Number

59-3023182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, JOSE A.
5823 IMPERIAL KEY DRIVE
TAMPA FL 33615

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **SANTIAGO, JOSE A**
STREET ADDRESS **5823 IMPERIAL KEY DRIVE**
CITY-ST-ZIP **TAMPA FL 34615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
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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:

Jose A. Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/2000 (813)876-7400
Date Daytime Phone #

CR2E034 (5/00)