

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90067 042 ***150.00

DOCUMENT # M54530

1. Entity Name

CENTER FOR PEDIATRIC THERAPY, INC.

Principal Place of Business

**2801 PONCE DE LEON BLVD
 SUITE 250
 CORAL GABLES FL 33134
 US**

Mailing Address

**2801 PONCE DE LEON BLVD
 SUITE 250
 CORAL GABLES FL 33134
 US**

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 **59-2830735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, PAUL G.
 1500 SO. DIXIE HWY., SUITE 200
 CORAL GABLES FL 33146**

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GOLD, LOIS**
 STREET ADDRESS **425 MARMORE AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PETERS, ADRIENNE**
 STREET ADDRESS **3803 IRVINGTON AVE.**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ALDERMAN, ELLEN**
 STREET ADDRESS **11340 S.W. 123 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Adrienne Peters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
 Date

305-448-7107
 Daytime Phone #

CR2E034 (10/00)