

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90090 019 ****61.25

DOCUMENT # N10681

1. Entity Name

THE SOUTHEAST DISTRICT OF THE FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**16434 SW 67 CT
 PEMBROKE PINES FL 33331
 US**

**16434 SW 67 CT
 PEMBROKE PINES FL 33331
 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

59-2622647

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

**WALTERS, BELINDA
 16434 SW 67 CT
 PEMBROKE PINES FL 33331**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **FARRELL, LISA**
 STREET ADDRESS **5076 WALTERS EDGE WAY**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **C** ☒ Change ☒ Addition
 NAME **ESTHER FRANCIS BELAR**
 STREET ADDRESS **3741 NE 163 STREET**
 CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **D** ☐ Delete
 NAME **WALTER, BELINDA**
 STREET ADDRESS **16434 S.W. 67 CT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33331**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kevin Pallone**
 STREET ADDRESS **5625 Kingsmill Court**
 CITY-ST-ZIP **Lake Worth FL 33463**

TITLE **T** ☒ Delete
 NAME **SHAMUS, JENNIFER**
 STREET ADDRESS **17571 SW 7TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **T** ☒ Change ☐ Addition
 NAME **Belinda Walters**
 STREET ADDRESS **16434 SW 67 CT**
 CITY-ST-ZIP **Pembroke Pines FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Belinda Walters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 (954) 434-6783

CR2E037 (9/01)