

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2003 8:00 am**  
**Secretary of State**

07-01-2003 90041 041 \*\*\*150.00

DOCUMENT # P00000011190

1. Entity Name  
COPPEE' PHYSICAL THERAPY, INC.



Principal Place of Business  
741 E ACRE DRIVE  
PLANTATION FL 33317

Mailing Address  
741 E ACRE DRIVE  
PLANTATION FL 33317

2. Principal Place of Business

741 E ACRE Drive  
Suite, Apt. #, etc.

3. Mailing Address

741 E ACRE DRIVE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
PLANTATION FL 33317

Zip  
33317

Country  
BROWARD

City & State  
PLANTATION FL

Zip  
33317

Country  
BROWARD

4. FEI Number 59-3620118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COPPEE', LAURA  
741 E ACRE DRIVE  
PLANTATION FL 33317

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	COPPEE', LAURA	741 E ACRE DRIVE	PLANTATION FL 33317	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 included 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*LAURE COPPEE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-2003  
Date

(954) 327-0819  
Filing Phone #

CR2ED34 (10/02)

Attachment  
90140556  
P00000011190  
COPPEE PHYSICAL THERAPY, INC.  
741 East Acre Drive  
Plantation, FL 33317

(954)327-0819

June 12<sup>th</sup>, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

On April 7<sup>th</sup>, I sent my renewal application along with my check number 1129 for One Hundred Fifty dollars (\$150.00). To this day, the check has not cleared my account. I would greatly appreciate it if you could deposit the check as soon as possible. The bank suggests that I put a stop payment on the check. I can only do that if I know that you had not received. Please let me know as soon as possible.

Thanking you in advance for your prompt attention to this matter, I remain,

Sincerely/  
  
Laura Coppée