

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90026 045 ***150.00

0055397

DOCUMENT # P00000016012

1. Entity Name
JOSHI PHYSICAL THERAPY, P.A.

Principal Place of Business Mailing Address
6388 SILVERSTAR ROAD STE 1C 268 CHURCHILL DRIVE
ORLANDO FL 32818 LONGWOOD FL 32779

C0022306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4534, CURRY FORD RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL
 Zip Country Zip Country
32812 ORANGE

4. FEI Number Applied For
593625446 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

JOSHI, VARSHA P
268 CHURCHILL DRIVE
LONGWOOD FL 32779

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 NAME STREET ADDRESS CITY-ST-ZIP | President VARSHA P. JOSHI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-09

407-788-2624

Date Daytime Phone #

CR2E034 (10/00)