

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016658

1. Entity Name

TRU-CARE PHYSICAL THERAPY CENTER INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90041 028 ***150.00

Principal Place of Business

17021 NORTH BAY RD. #412
SUNNY ISLES FL 33160

Mailing Address

17021 NORTH BAY RD. #412
SUNNY ISLES FL 33160

2. Principal Place of Business

20065 NE 3rd Ct.

Suite, Apt. #, etc.

3. Mailing Address

20065 NE 3rd Ct.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33179

Country

DADE

City & State

Miami FL

Zip

33179

Country

DADE

4. FEI Number

65-0985716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANCHAVA, MARIA C
17021 NORTH BAY RD. #412
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name
DARIO VICTOR ANCHAVA

Street Address (P.O. Box Number is Not Acceptable)

20065 NE 3rd Ct.

City

MIAMI

FL

Zip Code

33179

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

DARIO VICTOR ANCHAVA PD *[Signature]* Anchava, Maria C

DATE 4/16/01

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

TITLE PD ☒ Delete
NAME ANDRES, RICARDO
STREET ADDRESS 17021 NORTH BAY RD. #412
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE VD ☐ Delete
NAME ANCHAVA, VICTOR
STREET ADDRESS 17021 NORTH BAY RD. #412
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE SD ☒ Delete
NAME ANCHAVA, MARIA C
STREET ADDRESS 17021 NORTH BAY RD. #412
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ANCHAVA, DARIO VICTOR
STREET ADDRESS 20065 NE 3rd Ct # 7
CITY-ST-ZIP MIAMI FL 33179

TITLE TS ☐ Change ☒ Addition
NAME ANCHAVA, PAOLA ANDREA

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

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

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

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:

[Signature] DARIO VICTOR ANCHAVA PD

DATE 4/16/01

DAYTIME PHONE # 305-249-3191

CR2E034 (10/00)