

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 033 ***150.00

DOCUMENT # P00000016658 ✓ INC AND

1. Entity Name

Tru-care Physical Therapy Center Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20065 NE 3rd Ct

3. Mailing Address
20065 NE 3rd Ct

Suite, Apt. #, etc.
APT # 7

Suite, Apt. #, etc.
APT # 7

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0985716

Applied For
Not Applicable

Zip
33179

Country
DAOE

Zip
33179

Country
DAOE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DARIO Anchava

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

20065 NE 3rd Ct # 7

City
Miami

FL

Zip Code
33179

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$300.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
DARIO Anchava
20065 NE 3rd Ct # 7
Miami FL 33179

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

786-246-2868

Daytime Phone #

CR2E034B (12/01)