

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 020 ***150.00

DOCUMENT # P00000022180

1. Entity Name
FAMILY PHYSICAL THERAPY, INC.

Principal Place of Business

3271 N.W. 7TH STREET
SUITE 204
MIAMI FL 33125

Mailing Address

3271 N.W. 7TH STREET
SUITE 204
MIAMI FL 33125

00040001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3271 N.W. 7 st.

Suite, Apt. #, etc.

204

City & State

Miami - FL.

Zip

33125

Country

Dade

3. Mailing Address

3271 N.W. 7 st

Suite, Apt. #, etc.

204

City & State

Miami - FL.

Zip

33125

Country

Dade.

4. FEI Number

65-0989771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, PATRICIA
11905 NE 2ND AVE EET
APT C-111
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

James F. Bowen

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

3271 N.W. 7 st.

Suite #204

City

Miami

FL

Zip Code

33125

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, JAMES F	
STREET ADDRESS	3271 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, PATRICIA F	
STREET ADDRESS	3271 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James F. Bowen	
STREET ADDRESS	3271 N.W. 7 st. Suite #204	
CITY-ST-ZIP	Miami - FL 33125.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James F. Bowen - Director.

4.26.01

CR2E034 (10/00)