

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027805

1. Entity Name

BLK PHYSICAL THERAPY INC.

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90011 005 ***150.00

Principal Place of Business

8741 ECHO LANE
BOCA RATON FL 33496

Mailing Address

8741 ECHO LANE
BOCA RATON FL 33496

2. Principal Place of Business

5181 Prairie Dunes Village Circle
Suite, Apt. #, etc.

3. Mailing Address

5181 Prairie Dunes Village Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake worth

City & State

Lake worth

4. FEI Number

65-099501

Applied For

Not Applicable

Zip
33463

Country

USA

Zip
33463

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLNICK, BRETT L
8741 ECHO LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Kolnick, Brett L.
Street Address (P.O. Box Number is Not Acceptable):
5181 PRAIRIE DUNES VILLAGE CIRCLE
City: Lake worth FL Zip Code: 33463

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: *Brett L Kolnick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME: KOLNICK, BRETT L
STREET ADDRESS: 8741 ECHO LANE
CITY-ST-ZIP: BOCA RATON FL 33496 ☒ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: KOLNICK, BRETT L
STREET ADDRESS: 5181 PRAIRIE DUNES VILLAGE CIRCLE
CITY-ST-ZIP: LAKE WORTH, FL 33463 ☒ Change ☐ Addition

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

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

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

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

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

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 #

7/5/01 (561) 901-7002

CR2E034 (5/01)