

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91399 017 \*\*\*150.00

**DOCUMENT # P00000033379**

**1. Entity Name**  
**HOLISTIC PHYSICAL THERAPY & LYMPHEDEMA SERVICES, INC.**



**Principal Place of Business**  
**501 GOODLETTE RD. BLDG D-100**  
**B-104**  
**NAPLES FL 34102**

**Mailing Address**  
**501 GOODLETTE RD. BLDG D-100**  
**B-104**  
**NAPLES FL 34102**

**2. Principal Place of Business**

**SAM 2**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**SAM 2**

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3639885**

Applied For  
Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RIBBEL, BRUCE K**  
**501 GOODLETTE RD, BLDG D-100**  
**SUITE 17**  
**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**PVST**  
**RIBBEL, BRUCE K**  
**1735 CAMELI LANE**  
**NAPLES FL 34105**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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**CITY-ST-ZIP**

☐ Change ☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**  
Date

**239-263-1922**  
Daytime Phone #

CR2E034 (10/02)