

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000056142**

1. Entity Name

PATIENTS 1ST PHYSICAL THERAPY, P.A.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90119 050 ***150.00

Principal Place of Business

4966 E. HWY. 90, SUITE A
MARIANNA FL 32446

Mailing Address

4966 E. HWY. 90, SUITE A
MARIANNA FL 32446

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3452830

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

GORTÉMOLLER, PATRICIA
4966 E. HWY. 90, SUITE A
MARIANNA FL 32446

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GORTÉMOLLER, PATRICIA 4966 E. HWY. 90, SUITE A MARIANNA FL 32446 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD LAUREL, LORRIE 765 DOGWOOD LANE CHIPLEY FL 32428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

Patricia Gortemoller
PD

Date

01/14/2001 (850)526-24766

Daytime Phone #

CR2E034 (10/00)