

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060722

1. Entity Name  
BAYSHORE THERAPY, INC.

Principal Place of Business  
2929 EAST COMMERCIAL BOULEVARD  
#502  
FORT LAUDERDALE FL 33308

Mailing Address  
2929 EAST COMMERCIAL BOULEVARD  
#502  
FORT LAUDERDALE FL 33308

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90020 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

508A Pasadena Ave South

Suite, Apt. #, etc.

City & State  
St. Petersburg, Florida

City & State

Zip  
33707

Country  
Pinellas

Zip

Country

4. FEI Number  
59-3655522

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUTHRIE, WILLIAM  
2929 EAST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
Green, Matthew H.  
2929 E. Commercial Blvd., Suite 306  
FT. Lauderdale, Florida 33308 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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 #

William Guthrie 3/28/01 (54) 988-2770

CR2E034 (10/00)