

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90021 025 \*\*\*150.00

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1. Entity Name  
POMPAÑO BEACH 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

2. Principal Place of Business  
50 East Sample Road  
Suite, Apt. #, etc.  
Suite 301

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Pompano Beach, Florida

City & State

4. FEI Number  
65-1024242

Applied For  
Not Applicable

Zip  
33064

Country  
Broward

Zip

Country

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
John E. Korf, Esq.

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

2929 E. Commercial Blvd., Suite 306  
City Ft. Lauderdale FL Zip Code 33308

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 John E. Korf, Esq. John E. Korf 4-6-01  
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  
NAME D GUTHRIE, WILLIAM ☐ Delete  
STREET ADDRESS 2929 EAST COMMERCIAL BOULEVARD #502  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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: William Guthrie 3/28/01 (954) 938-3770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0248058

CR2E034 (10/00)