

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000068640**1. Entity Name  
INNER VISION THERAPY SERVICES, INC.

Principal Place of Business 1435 COLLINGSWOOD, STE. G  PT. CHARLOTTE FL 33948	Mailing Address 1435 COLLINGSWOOD, STE. G  PT. CHARLOTTE FL 33948
--	--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**65-1033889**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**THOMAS BEVERLY  
12349 MITCHELL TERR.PT. CHARLOTTE FL  
33981 US**7. Name and Address of New Registered Agent**Name  
THOMAS BEVERLYStreet Address (P.O. Box Number is Not Acceptable)  
5784 MALTON STREETCity  
NORTH PORT

FL

Zip Code  
34286

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 **BEVERLY THOMAS****04/12/2001**

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	SD	<input type="checkbox"/> Delete
NAME	THOMAS BEVERLY	
STREET ADDRESS	12349 MITCHELL TERR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LASKA SUZANNE	
STREET ADDRESS	12349 MITCHELL TERR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	

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

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

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

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

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

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS BEVERLY	
STREET ADDRESS	5784 MALTON STREET	
CITY-ST-ZIP	NORTH PORT FL 34286	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKA SUZANNE	
STREET ADDRESS	5784 MALTON STREET	
CITY-ST-ZIP	NORTH PORT FL 34286	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: SUZANNE LASKA**

PDT

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)