

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
 04-02-2002 90081 014 ***150.00

0198677 AV

DOCUMENT # P00000069261

1. Entity Name

PHYSICAL THERAPY & MEDICAL CENTER, INC.

Principal Place of Business

**285 NW 27TH AVE.
 SUITE 15
 MIAMI FL 33125**

Mailing Address

**285 NW 27TH AVE.
 SUITE 15
 MIAMI FL 33125**

2. Principal Place of Business

285 N.W. 27th AVE

3. Mailing Address

285 N.W. 27th AVE

Suite, Apt. #, etc.

SUITE 15

Suite, Apt. #, etc.

SUITE 15

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33125

Country

USA

Zip

33125

Country

USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-1025482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEY, JOSE LUIS
 285 NW 27TH AVE.
 SUITE 15
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name **ISOLINA FIROOZIEH**

Street Address (P.O. Box Number is Not Acceptable) **285 N.W. 27th AVE**

SUITE 15

City **MIAMI, FL**

FL

Zip Code **33125**

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 **Isolina Firoozieh**

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02

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, 2002 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 **P** ☐ Delete
 NAME **LEY, JOSE LUIS**
 STREET ADDRESS **285 NW 27TH AVE., SUITE 15**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VP** ☐ Delete
 NAME **ISOLINA FIROOZIEH**
 STREET ADDRESS **285 NW 27th AVE, Suite 15**
 CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 persons.

SIGNATURE: **Jose Luis Ley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 (305) 6496060

Date

Daytime Phone #

CR2E034 (9/01)