

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085099

1. Entity Name
MILESTONE PHYSICAL THERAPY, P.A.

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90150 017 ***150.00

Principal Place of Business Mailing Address
940 SWEETWATER LANE APT 314 940 SWEETWATER LANE APT 314
BOCA RATON FL 33431 BOCA RATON FL 33431
28285 Seacrest Blvd # 216
Boynton Beach FL 33435

644034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
28285 Seacrest Blvd Suite, Apt. #, etc.
216 Suite, Apt. #, etc.
City & State City & State
Boynton Beach FL
Zip Country Zip Country
33435 Palm Beach Palm Beach

4. FEI Number Applied For
65-1037910 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
CORPORATE CREATIONS NETWORK INC. Name JENNIFER CHANDLER
941 FOURTH STREET #200 Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33139 940 SWEETWATER LANE APT 314
City Boca Raton FL Zip Code 33431

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 Jennifer Chandler Jennifer Chandler, president 3/3/01
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. ☒ 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	D	<input type="checkbox"/> Delete	TITLE	President, vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, JENNIFER	<input checked="" type="checkbox"/> Delete	NAME	Secretary + treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	940 SWEETWATER LANE APT 314	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	Chandler Jennifer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	Address - same as Block #11	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Jennifer Chandler Jennifer Chandler 3/3/01 (561) 715-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)