

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90979 020 ***150.00

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DOCUMENT # P00000085099

1. Entity Name

MILESTONE PHYSICAL THERAPY, P.A.

Principal Place of Business

2828 S SEACREST BLVD
 #216
 BOYNTON BEACH FL 33435

Mailing Address

940 SWEETWATER LANE APT 314
 BOCA RATON FL 33431

2. Principal Place of Business

1301 W. Boynton Beach Blvd
 Suite 10

3. Mailing Address

1301 W. Boynton Beach Blvd
 Suite 10

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

65-1037910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JENNIFER
 940 SWEETWATER LANE
 APT 314
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Jennifer Chandler

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

916 S.E. 14th Dr.

City Deerfield Beach

FL

Zip Code 33441

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

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

(NOTE: Registered Agent signature required when reinstating)

3/18/02

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 PVST ☐ Delete
 NAME CHANDLER, JENNIFER
 STREET ADDRESS 940 SWEETWATER LANE APT 314
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete
 NAME CHANDLER, JENNIFER
 STREET ADDRESS 940 SWEETWATER LANE APT 314
 CITY-ST-ZIP BOCA RATON FL 33431

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 PVST ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 916 SE 14th Drive
 CITY-ST-ZIP Deerfield Beach FL 33441

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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.

SIGNATURE:

Jennifer Chandler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

561-75-1950

Daytime Phone #

CR2E034 (9/01)