

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089336

1. Entity Name

ADVANCED PHYSICAL THERAPY ASSOCIATES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90053 011 ***150.00

0318136

Principal Place of Business

3015 S. CONGRESS AVENUE
SUITE ONE
LAKE WORTH FL 33461

Mailing Address

3015 S. CONGRESS AVENUE
SUITE ONE
LAKE WORTH FL 33461

2. Principal Place of Business

3015 S. Congress Ave.

3. Mailing Address

P.O. Box 540473

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

Lake Worth, FL

City & State

Lake Worth, FL 33454

4. FEI Number

65-1040989

Applied For

Not Applicable

Zip

Country

33461

USA

Zip

Country

USA

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

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
Robert Wertz
3015 S. Congress Ave., Suite 2
Lake Worth, FL 33461 ☐ Delete

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

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)