2002 Uniform Business Report (UBR)

SIGNATURE:

DOCUMENT # P0000089336 1. Entity Name ADVANCED PHYSICAL THERAPY ASSOCIATES, INC.				Secretary of State 04-04-2002 90017 007 ***150.00				
Principal Place of Business 3015 S. CONGRESS AVENUE SUITE 2 LAKE WORTH FL 33461		Mailing Address PO BOX 540473 LAKE WORTH FL 33454						
2. Principal Place of B	usiness	3. Mailing Address					! 	OF HISTO FAIL LEGAL
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			4. FEI Number 65-1040989 Applied For Not Applicable			
				4.				
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$	8.75 Addee Require	ditional
6t Na	! me and Address of Curren	t Registered Agent		7.	Name and Address of New R		,	-
	್ಟ್ ಪ್ರಾಥಾಗಿ ಕ್ರಾಕ್ಟ್ ಕ್ರಾಕ್ಟ್		Na	me ವಾ ಪಲ್ಯಾಲ್ಕ				
Cohen, Jeffrey L ESQ. 54 N.E. Fourth Avenue		Str		eet Address (P.O. I	Box Number is Not Acceptable	e)		
DELRAY BEACH	FL 33483			City Zip Code				
					gent, or both, in the State of Flo	FL		
SIGNATURE	ned or printed name of registered ager	ot and title if applicable (NC	TTF: Registered Agent	signature required when r	ainetation)	DATE		
Signature, to Si	ped or printed name of registered ager eligible to satisfy its Intangibl nt and elects to do so. k)		V!!! FEE IS \$	e \$550.00	10. Election Campaign Fir Trust Fund Contributio			May Be
9. This corporation is Tax filing requirement (See criteria on back)	eligible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 2 Make Check Paya	V!!! FEE IS \$	150.00 be \$550.00 ment of State	10. Election Campaign Fir	nancing n. 🗆	Added	to Fees
9. This corporation is Tax filing requireme (See criteria on bac 11. IITLE VAME STREET ADDRESS Signature, to Fraction is Fr	eligible to satisfy its Intangibl nt and elects to do so. k)	FILE NOW After May 1, 2 Make Check Pays D DIRECTORS Delete	VIII FEE IS \$ 0002 Fee will bable to Depart	150.00 pe \$550.00 ment of State	10. Election Campaign Fin Trust Fund Contributio	nancing n. □	Added	to Fees
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