

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91565 017 ***158.75

DOCUMENT # P000000 90446

1. Entity Name

COMMUNITY PHYSIO-THERAPY SPECIALISTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5120 LABRADOR LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1326

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

PLYMOUTH, FLORIDA

4. FEI Number

59-3672438

Applied For

Not Applicable

Zip

32818

Country

Zip

32768-1326

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GIOZO, DEVLY JUNE T

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

5120 LABRADOR LANE

City

ORLANDO

FL

Zip Code

32818

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

D
GIOZO, DEVLY JUNE T
5120 LABRADOR LANE
ORLANDO, FL 32818

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MARIQUIT, ERNESTO
135B COUNTRYWIND DRIVE
APOPKA, FL 32703

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
PACAMALAN, PETER D.
5140 ASHMEADE ROAD
ORLANDO, FL 32818

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER D. PACAMALAN

Date

4/12/02 407-291-3985

Daytime Phone #

CR2034B (12/01)