

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90136 012 ***550.00

0052210 AV

DOCUMENT # P00000104386

1. Entity Name
HAND THERAPY INSTITUTE & PHYSICAL THERAPY, INC.



Principal Place of Business
9350 SOUTH DADELAND BLVD
SUITE 101
MIAMI FL 33156

Mailing Address
9350 SOUTH DADELAND BLVD
SUITE 101
MIAMI FL 33156



2. Principal Place of Business
9350 South Dadeland Blvd

Suite, Apt. #, etc.
101

City & State
MIAMI FL

Zip
33156

Country
USA

3. Mailing Address
9350 South Dadeland Blvd

Suite, Apt. #, etc.
101

City & State
MIAMI FL

Zip
33156

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65 1054400

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUREVICH, PILAR O
9350 SOUTH DADELAND BLVD
SUITE 101
MIAMI FL 33156

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PILAR GUREVICH President** **9-5-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GUREVICH, PILAR O**
STREET ADDRESS **9350 SOUTH DADELAND BLVD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-03

Date

Daytime Phone #

305 786 355 3003

305 670 7777

CR2E034 (4/03)