

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90217 045 \*\*\*150.00

**DOCUMENT #** P00000106050  
**1. Entity Name**  
DOWNSTATE PHYSICAL THERAPY ASSOCIATES, INC.



**Principal Place of Business**  
830 NW 86TH AVE., APT. 313  
PLANTATION FL 33324

**Mailing Address**  
830 NW 86TH AVE., APT. 313  
PLANTATION FL 33324



**2. Principal Place of Business**  
10575 NW 11<sup>th</sup> Ct  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 15488  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State** Plantation, FL **City & State** Plantation, FL **4. FEI Number** 65-1054127 **Applied For**  
**Zip** 33322 **Country** USA **Zip** 33318 **Country** USA **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
MAYOTT, CHRISTOPHER J  
830 NW 86TH AVE., APT. 313  
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**  
**Name** Christine M. DiFiore  
**Street Address (P.O. Box Number is Not Acceptable)** 8220 W. State Rd 84  
**Suite** 200  
**City** Davie **FL** **Zip Code** 33324

**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** Christine DiFiore **Christine DiFiore, CPA** **1/15/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYOTT, CHRISTOPHER J		NAME	Mayott, Christopher J	
STREET ADDRESS	830 NW 86TH AVE., APT. 313		STREET ADDRESS	10575 N.W. 11 <sup>th</sup> Ct	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantation, FL 33322	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSANG, SAMMY		NAME		
STREET ADDRESS	255 NWANTAG AVE		STREET ADDRESS		
CITY-ST-ZIP	LEVITTOWN NY 11756		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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] **1-15-03** **9546094797**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0356918 AV

CR2E034 (10/02)