

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90199 049 ***150.00

DOCUMENT # P00000110213

1. Entity Name
 Advanced Physical Therapy of Englewood, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business 272 S. Indiana Ave
 3. Mailing Address 272 S. Indiana Ave

Suite, Apt. #, etc.

City & State Englewood, FL 34223
 City & State Englewood, FL 34223

Zip Country 34223 USA
 Zip Country 34223 USA

4. FEI Number 65-1062513
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Galica-Devine, Kathleen
 7338 Periwinkle Dr.
 Sarasota, FL 34231

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PST
 NAME Galica-Devine, Kathleen
 STREET ADDRESS 7338 Periwinkle Dr.
 CITY-ST-ZIP Sarasota, FL 34231

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Kathleen Galica-Devine*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Kathleen Galica-Devine

04/20/01 (941) 924.3022
 Date Daytime Phone #

CR2E034 (11/00)