

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90196 042 \*\*\*150.00

DOCUMENT # P00000112689

1. Entity Name

ROGER C. SKOVLY, P.T., Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7600 Red Road

3. Mailing Address

7600 Red Road

Suite, Apt. #, etc.

Suite 131

Suite, Apt. #, etc.

Suite 131

City & State

South Miami, Fl.

City & State

South Miami, FL

Zip

33143

Country

Dade

Zip

33143

Country

Dade

4. FEI Number

45-1060359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROGER C SKOVLY

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

7600 Red Road

Suite 131

City

South Miami

FL

Zip Code

33143

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

*x Roger C Skovly, PT*

*x April 7, 2003*

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
ROGER C. SKOVLY  
7600 Red Road, Suite 131  
South Miami, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*x Roger C Skovly, PT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x April 7, 2003*

Date Daytime Phone #

CR2E034B (12/02)