

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 16 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010775

1. Entity Name

Sunshine Physical Therapy & Fitness Center, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6321 54th Avenue

3. Mailing Address
4919 Woodcliff Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
W. Bloomfield, MI

4. FEI Number
65-1114222

Applied For
Not Applicable

Zip
33709

Country
USA

Zip
48323

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Harry Roer

Street Address (P.O. Box Number is Not Acceptable)
1180 Gulf Blvd.- Apt. 1405

City Clearwater FL Zip Code 33767

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 Harry Roer

Harry Roer

7/8/02

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 \$5.00 May Be Added to Fees ☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE P/S/D
NAME Tahzibul H. Rizvi
STREET ADDRESS 5976 Naneva Court
CITY-ST-ZIP W. Bloomfield, MI 48323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/T/D
NAME Dorothy C. Roer
STREET ADDRESS 4919 Woodcliff Hill Rd.
CITY-ST-ZIP W. Bloomfield, MI 48323

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IN THIS SPACE**

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: *Dorothy C. Roer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy C. Roer 7/08/02 248 6834093

Date

Daytime Phone #

CR2E034B (12/01)