

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90072 004 \*\*\*150.00

DOCUMENT # P01000049940

1. Entity Name

ROGASNER THERAPY, INC.



Principal Place of Business

13619 14TH STREET  
DADE CITY FL 33525

Mailing Address

13619 14TH STREET  
DADE CITY FL 33525

2. Principal Place of Business

8413 N. Armenia Ave

3. Mailing Address

8413 N. Armenia Ave

Suite, Apt. #, etc.

APT 1203

Suite, Apt. #, etc.

APT 1203

City & State

Tampa FL

City & State

Tampa, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3720191

Applied For  
Not Applicable

Zip 33604

Country USA

Zip 33604

Country USA

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

6. Name and Address of Current Registered Agent

ROGASNER, WILLIAM L  
13619 14TH STREET  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name Rogasner, William L.  
Street Address (P.O. Box Number is Not Acceptable)  
8413 N. Armenia Ave  
APT 1203  
City Tampa FL Zip Code 33604

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

*William L Rogasner Director* 7/12/03

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGASNER, WILLIAM L 13619 14TH STREET DADE CITY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rogasner, William L. 8413 N. Armenia Ave Tampa FL - 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

*William L Rogasner Director* 7/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment #  
**ROGASNER THERAPY, INC.** 80141977  
8413 N. Armenia Ave., Apt 1203  
Tampa, Florida 33604-2677

August 19, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32314

Re: Rogasner Therapy, Inc.  
Document # P01000049048  
2003 Uniform Business Report

Gentlemen:

Enclosed is my Uniform Business Report for year 2003. I realize that it is filed after May 1 and the penalty should apply.


This is my second year of owning and running a corporation. I know physical therapy not tax and government rules and forms. I forward all my tax/government forms to my C.P.A. and rely on him to tell me what needs to be filed, how to prepare them and when the deadlines are.

When I received the notice telling me that my corporation would be administratively dissolved I reviewed my records and could find no check for the fee. My C.P.A. has no record of receiving the form from me, nor do I recall receiving it. He also said that they do not track this form as the majority of companies file it themselves.

I operate my business from my home and recently went through a divorce and moved to Tampa. The form was mailed to my former address in Dade City and forwarded to me. This would have also been the case with the original. Depending on when it arrived, it might have been thrown out by my former wife or missed being forwarded by the post office.

I respectfully request that you abate the additional penalty fee for filing after May 1<sup>st</sup>.

Sincerely,  
ROGASNER THERAPY, INC.



William L. Rogasner  
President

Im  
Enc.