

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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 019 ***150.00

DOCUMENT # PO1000065393

1. Entity Name

NASSAU PHYSICAL THERAPY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 W 3rd

3. Mailing Address

PO BOX 1609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CALLAHAN, FL

City & State

CALLAHAN, FL

4. FEI Number

59-3728630

Applied For

Not Applicable

Zip

32011

Country

NASSAU

Zip

32011

Country

NASSAU

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MARINO, JAMES

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

106 W 3rd

City
CALLAHAN, FL

FL

Zip Code
32011

**DO NOT WRITE
IN THIS SPACE**

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARINO, JAMES
1786 ARBOR DR. FERNANDINA BCH, FL
32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARINO, SHARON M
1786 ARBOR DR.
FERNANDINA BCH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

90134982

PO1000065393

West

West

East

Nassau Physical Therapy

James Marino, *Physical Therapist*

869 Sadler Road
Suite 6

Fernandina Bch., FL 32034

904-277-4449

FAX 904-277-4177

106 W. Third Street
P. O. Box 1609
Callahan, FL 32011
904-879-1223
FAX 904-879-4986

May 12, 2003

Division of Corporations,

Please be advised that this was mailed by the April 30th deadline but due to the issue of it being returned for insufficient postage, your office did not receive it. I was not aware of the U.S. Post Office requirement to add 12 cents to this size of envelope when it weighs less than 1 ounce.

Your consideration of this is greatly appreciated prior to charging me the late fine.

If there are any questions please contact me at 904-277-4449.

Thank you,

Sharon Marino

Sharon Marino