

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90368 033 ***150.00

DOCUMENT # P01000075241

1. Entity Name
SAN ANTONIO THERAPY, INC.

Principal Place of Business
2929 EAST COMMERCIAL BLVD. #3502
FORT LAUDERDALE FL 33308

Mailing Address
2929 EAST COMMERCIAL BLVD. #3502
FORT LAUDERDALE FL 33308

80090368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 5208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, Florida

4. FEI Number
65-1131638

Applied For
 Not Applicable

Zip

Country

Zip

Country

33310

Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Leonard K. Samuels, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
350 E Las Olas Blvd.
Suite 1000
 City
Ft. Lauderdale **FL** Zip Code
33301

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
 NAME
GUTHRIE, WILLIAM
 STREET ADDRESS
2929 EAST COMMERCIAL BLVD. #3502
 CITY-ST-ZIP
FORT LAUDERDALE FL 33308

TITLE
DP ☒ Change ☐ Addition
 NAME
William Guthrie
 STREET ADDRESS
2929 E Commercial Blvd., #507
 CITY-ST-ZIP
Ft. Lauderdale, FL 33308

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VST ☐ Change ☒ Addition
 NAME
Matthew Green
 STREET ADDRESS
2929 E Commercial Blvd., #507
 CITY-ST-ZIP
Ft. Lauderdale, FL 33308

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

4-19-02 (954) 938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)