

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90124 025 \*\*\*158.75

**DOCUMENT # P01000096307**

1. Entity Name  
**SOUTH FLORIDA PEDIATRIC THERAPY SPECIALISTS, INC**



Principal Place of Business  
**1200 MARIPOSA AVE. D-105  
CORAL GABLES FL 33146**

Mailing Address  
**1200 MARIPOSA AVE. D-105  
CORAL GABLES FL 33146**



2. Principal Place of Business  
**1390 So. Dixie Hwy**

3. Mailing Address  
**1390 So. Dixie Hwy**

Suite, Apt. #, etc.  
**2106**

Suite, Apt. #, etc.  
**2106**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number **65-1144492**

Applied For  
Not Applicable

Zip Country  
**33146 USA**

Zip Country  
**33146 USA**

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

**6. Name and Address of Current Registered Agent**

**GRIFFITH, THOMAS F  
TAYLOR & GRIFFITH PA  
7300 KENDALL DR STE 450  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>D MOLINET-MOLINA, MARGIE 115 20 SW 69 CT MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOMEZ, HEIDY 1200 MARIPOSA AVE D105 CORAL GABLES FL 33146</b>	<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		<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
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margie Molinet-Molina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (305) 989-1157  
Date Daytime Phone #

CR2E034 (10/02)