

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90063 008 \*\*\*150.00

**DOCUMENT # P01000103906**

1. Entity Name

**FT. PIERCE INJURY TREATMENT CENTER, INC.**

Principal Place of Business

Mailing Address

**2100 LAKE IDA RD SUITE 1  
 DELRAY BCH FL 33445**

**2100 LAKE IDA RD SUITE 1  
 DELRAY BCH FL 33445**



2. Principal Place of Business

3. Mailing Address

**Ft. Pierce Injury Treatment Center**

**Ft. Pierce Inj. Treatment CTR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2401 South Federal Hwy**

**2401 South Federal Hwy**

City & State

City & State

**Ft. Pierce, FLA.**

**Ft. Pierce FLA.**

Zip

Country

Zip

Country

**34982 USA**

**34982 USA**

DO NOT WRITE IN THIS SPACE

4. FE Number

Applied For

**65-1151458**

Not Applicable

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

**SANDERS, LISA A  
 1011 S FEDERAL HWY  
 HOLLYWOOD FL 33020**

Name

**Steven Bottari**

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

**2401 South Federal Hwy**

City

**Ft. Pierce**

FL

Zip Code

**34982**

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

*Steven Bottari*

**3/6/02**

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) ☐

**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	DP	<input type="checkbox"/> Delete
NAME	BOTTARI, STEVEN	
STREET ADDRESS	2100 LAKE IDA RD SUITE 1	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	SITNER, ROBERT	
STREET ADDRESS	2100 LAKE IDA RD SUITE 1	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Frederick Smith MD	
STREET ADDRESS	2401 South Federal Hwy	
CITY-ST-ZIP	Ft. Pierce, FLA. 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Smith MD	
STREET ADDRESS	2401 South Federal Hwy	
CITY-ST-ZIP	Ft. Pierce, FLA. 34982	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Fischel D.C.	
STREET ADDRESS	2401 South Federal Hwy	
CITY-ST-ZIP	Ft. Pierce, FLA 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Steven Bottari*

**3/6/02 561-265-1116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)