

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90127 001 ***150.00

DOCUMENT # P01000105600

1. Entity Name
SHIRES PHYSICAL THERAPY, INC.



Principal Place of Business
2385 TAMPA ROAD
182
PALM HARBOR FL 34683

Mailing Address
PO BOX 102
DUNEDIN FL 34697



2. Principal Place of Business

SHIRES PHYSICAL THERAPY, INC.

3. Mailing Address

Suite, Apt. #, etc.

2385 Tampa Rd St 3

City & State
Palm Harbor, FL

City & State

Zip
34683

Country
USA

Zip

Country

4. FEI Number **59-3754908**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SMITH, STRATTON III
611 W AZEELE ST
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **SHIRES**

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

2385 TAMPA ROAD SUITE 3

PALM HARBOR

City

FL

Zip Code

34683

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **SHIRES, WAYNE P C**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 Tampa Rd St 3**
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **SHIRES, WAYNE P M**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 TAMPA Rd St 3**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHIRES, WAYNE P D**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 TAMPA Rd St 3**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SHIRES, HEATHER A P**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 TAMPA Rd St 3**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SHIRES, WAYNE P V**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 TAMPA Rd St 3**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SHIRES, WAYNE P S**
STREET ADDRESS **2385 TAMPA ROAD SUITE 182**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **SHIRES**
STREET ADDRESS **2385 TAMPA Rd St 3**
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

DATE

DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)