

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90111 033 \*\*\*150.00

**DOCUMENT # P01000108793**

**1. Entity Name**  
**FIRST STEP PHYSICAL THERAPY AND WELLNESS, INC.**



**Principal Place of Business**  
**1300 N. WESTSHORE BLVD.**  
**SUITE 100**  
**TAMPA FL 33759**

**Mailing Address**  
**1300 N. WESTSHORE BLVD.**  
**SUITE 100**  
**TAMPA FL 33759**



**2. Principal Place of Business**

**1300 N. Westshore Blvd**

**3. Mailing Address**

**1300 N. Westshore Blvd.**

Suite, Apt. #, etc.

**Ste 100**

Suite, Apt. #, etc.

**Ste 100**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33607**

Country

**USA**

Zip

**33607**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**59-3755053**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**THE LAW OFFICES OF CHRISTOPHER P. CALKIN**  
**WESTSHORE CENTER, 1715 N. WESTSHORE BLVD.**  
**SUITE 918**  
**TAMPA FL 33607**

**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**

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

(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** **DP** ☐ Delete  
**NAME** **COATES, BOBBY L**  
**STREET ADDRESS** **2637 MCCORMICK DR.**  
**CITY-ST-ZIP** **CLEARWATER FL 33759**

**TITLE** **VPS** ☒ Delete  
**NAME** **COATES, DEBORAH**  
**STREET ADDRESS** **2637 MCCORMICK DR.**  
**CITY-ST-ZIP** **CLEARWATER FL 33759**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DR** ☒ Change ☐ Addition  
**NAME** **Coates, Bobby L**  
**STREET ADDRESS** **1300 N. Westshore Blvd. - Ste 100**  
**CITY-ST-ZIP** **Tampa FL 33607**

**TITLE** **VPS** ☒ Change ☐ Addition  
**NAME** **Coates Deborah**  
**STREET ADDRESS** **1300 N. Westshore Blvd - Ste 100**  
**CITY-ST-ZIP** **Tampa, FL 33607**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 (813) 490-8500**

Date Daytime Phone #

CR2E034 (10/02)