

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91531 045 ***150.00

DOCUMENT # P01000111100

1. Entity Name
ELITE PHYSICAL THERAPY, INC.

Principal Place of Business

**5280 JUBILEE WAY
MARGATE FL 33063**

Mailing Address

**5280 JUBILEE WAY
MARGATE FL 33063**

2. Principal Place of Business

2825 N. University Dr.

Suite, Apt. #, etc.

Suite #410

3. Mailing Address

2825 N. University Dr.

Suite, Apt. #, etc.

Suite #410

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

U.S.

Zip

33065

Country

U.S.

4. FEI Number

65-1150865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SODERO, STEPHEN

5280 JUBILEE WAY

MARGATE FL 33063

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.

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

TITLE **D** ☐ Delete
NAME **SODERO, STEPHEN**
STREET ADDRESS **5280 JUBILEE WAY**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

Date

Daytime Phone #

CR2E034 (9/01)

All about \$10

P0100011100
867306

May 6, 2002

Please accept the enclosed check for payment. I have been out of the country for the past 2 months and just returned yesterday. The ABR was forwarded to me from the incorrect address. I have made the address change as of today - thank you for your understanding.

Stephen Arlen