

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-31-2003 90133 005 ***150.00

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1. Entity Name
PERFORMANCE THERAPY, INC.

Principal Place of Business
**25169 PAPILION DRIVE
BONITA SPRINGS FL 34135**

Mailing Address
**25169 PAPILION DRIVE
BONITA SPRINGS FL 34135**



2. Principal Place of Business
Same as above

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FR Number
80-0021647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WELLS, MALINDA G
25169 PAPILION DRIVE
BONITA SPRINGS FL 34135**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Physical Therapist** ☐ Delete
NAME **Malinda Wells**
STREET ADDRESS **25169 Papillon Dr**
CITY-ST-ZIP **Bonita Springs, FL 34135**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Malinda Wells**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03
Date

741-25-7744
Daytime Phone #

CR2E034 (10/02)