

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000010092

FILED
Apr 24, 2003
Secretary of State

Entity Name: VAN PELT AND ASSOCIATES PHYSICAL THERAPY-OAKLAND PARK, INC.

Current Principal Place of Business:

1868 D WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1868 D WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 04-3599559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 NORTH FEDERAL HWY SUITE 456
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: VAN PELT, DANA MR
Address: 3825 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: TD () Change (X) Addition
Name: CARLINO, LARRY MR
Address: 3825 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA VAN PELT

PD

04/24/2003

Electronic Signature of Signing Officer or Director

Date