

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90188 013 \*\*\*150.00

DOCUMENT # *P02000037287*  
1. Entity Name *Health Spot Physical Therapy & Fitness, Inc.*



**DO NOT WRITE IN THIS SPACE**

90138319

2. Principal Place of Business *1510 Royal Palm Square Blvd.*  
Suite, Apt. #, etc. *105*

3. Mailing Address *1510 Royal Palm Square Blvd.*  
Suite, Apt. #, etc. *105*

City & State *Ft. Myers FL*

City & State *Ft. Myers, FL*

4. FEI Number *75-3044475*

Applied For  
Not Applicable

Zip *33919* Country *USA*

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

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

Name *Amy L. McBreen*

Street Address (P.O. Box Number is Not Acceptable) *1510 Royal Palm Square Blvd*

*Suite 105*

City *Ft Myers*

FL

Zip Code *33919*

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 *Amy L. McBreen, president*

DATE *4/25/03*

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Must 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 NAME *Amy McBreen, President*  
STREET ADDRESS *1510 Royal Palm Sq. Blvd*  
CITY-ST-ZIP *Suite 105 Ft Myers FL 33919*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy L. McBreen, president*

DATE *4/25/03* DAYTIME PHONE # *239-274-7008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)