

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90183 048 ***150.00

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1. Entity Name

AIEL PEDIATRIC THERAPY SERVICES, INC.



Principal Place of Business

**412 SW 2 ST
DEERFIELD BCH FL 33441**

Mailing Address

**XXXXXX
XXXXXX**

2. Principal Place of Business

3. Mailing Address

688 LOCK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH, FL 33442

4. FEI Number

51-0428742

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

U.S.A.

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

**MCDONALD, SUEZENETTE L
412 SW 2 ST
DEERFIELD BCH FL 33441**

Name

MCDONALD, SUEZENETTE L.

Street Address (P.O. Box Number is Not Acceptable)
688 LOCK ROAD

DEERFIELD BEACH, FL

City

DEERFIELD BEACH

FL

Zip Code

33442

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

Suezenette L. McDonald

SUEZENETTE L. MCDONALD, PRESIDENT

04/14/2003

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 **D** ☐ Delete
NAME **MCDONALD, SUEZENETTE L**
STREET ADDRESS **412 SW 2 ST**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

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:

Suezenette L. McDonald

SUEZENETTE L. MCDONALD, PRESIDENT

04/14/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)