

FILED
Aug 25, 2003 8:00 am
Secretary of State

4/16

08-22-2003 90105 021 ***550.00

04-16-2003 90478 001 ***300.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000129981

1. Entity Name

PERSONAL INJURY THERAPY, INC.



Principal Place of Business
21907 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33765

Mailing Address
21907 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33765

55054939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1867460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEAL, A.R.
911 CHESTNUT STREET
CLEARWATER FL 33756

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	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
President	Donna J Rodriguez	21905 US Hwy 19 N	Clearwater, FL 33765	<input type="checkbox"/>
Vice President	Joseph S Lavore	21905 US Hwy 19 N	Clearwater, FL 33765	<input type="checkbox"/>
Secretary/Treasurer	Albert N Rodriguez	21905 US Hwy 19 N	Clearwater, FL 33765	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2004 (10/02)

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 fees empowered.

SIGNATURE:

SIGNATURE REQUIRED

8-22-03

Date

Daytime Phone #

Attachment

REHAB THERAPY WORKS

55054939

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Friday, August 22, 2003

RE: Personal Injury Therapy

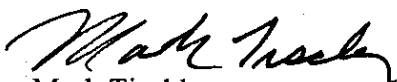
Reference Number: P02000129981

Dear Sir or Madame,

I your agency had sent back to us a copy of the 2003 UBR since the originally filed form was lacking the required officer's signature. The copy of the form that you sent to us has been signed and is enclosed. The original report was filed and the \$300.00 fee was paid earlier this year.

If you have any questions, I can be reached at 727-669-4245 extension 222.

Sincerely,



Mark Tischler
Rehab Therapy Works, Inc.