

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000063250

1. Entity Name
JULIUS CUBERO PHYSICAL THERAPY SERVICES, INC.



FILED

06 APR 11 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10415 OAKBROOK DR.
TAMPA, FL 33624

Mailing Address
PO BOX 715
LUTZ, FL 33548

Handwritten signature/initials



REINSTATEMENT 05-06

2. Principal Place of Business
27138 Fern Glade Court
Suite, Apt. #, etc.

3. Mailing Address
27138 Fern Glade Ct
Suite, Apt. #, etc.

City & State
Wesley Chapel, FL
Zip 33543 Country

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Wesley Chapel, FL
Zip 33543 Country

4. FEI Number
55-0838315

Applied For:
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, J. MCGILL
1628 DALE MABRY STE 112
PO BOX 881
LUTZ, FL 33548

7. Name and Address of New Registered Agent

Name
Julius Cubero
Street Address (P.O. Box Number is Not Acceptable)
27138 Fern Glade Court
City Wesley Chapel FL Zip Code 33543

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 *Julius Cubero* Julius Cubero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME D
CUBERO, JULIUS ☐ Delete
STREET ADDRESS
10415 OAKBROOK DR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME D
CUBERO, LETICIA ☐ Delete
STREET ADDRESS
10415 OAKBROOK DR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME P
CUBERO, JULIUS ☒ Delete
STREET ADDRESS
10415 OAKBROOK DR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME VP
CUBERO, LETICIA ☒ Delete
STREET ADDRESS
10415 OAKBROOK DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P, D ☒ Change ☐ Addition
STREET ADDRESS
27138 Fern Glade Court
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE
NAME V, D ☒ Change ☐ Addition
STREET ADDRESS
27138 Fern Glade Court
CITY-ST-ZIP Wesley Chapel, FL 33543

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Julius Cubero* Julius Cubero, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #