

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000093818

1. Entity Name
PHYSICIAN'S THERAPY GROUP INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -2 PM 1:31

Principal Place of Business
4067 NW 114th Avenue
Coral Springs, FL 33065

Mailing Address
4067 NW 114th Avenue
Coral Springs, FL 33065



02042009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
(Not Applicable)

Zip

Country

Zip

Country

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

WHARTON, ERNEST B
4067 NW 114th Avenue
Coral Springs, FL 33065

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 \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WHARTON, ERNEST B
4067 NW 114th Avenue
Coral Springs, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200144840572
03/03/09--01015--008 ☐ Change ☐ Addition
**150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ESTEVEZ, MARIA
4067 NW 114th Avenue
Coral Springs, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200144840572
03/03/09--01015--008 ☐ Change ☐ Addition
**150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-70-09

Date

Daytime Phone