

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90040 037 ***150.00

DOCUMENT # P35120

1. Entity Name

HOSPITAL THERAPY SERVICE, INC.

Principal Place of Business

**1231 SECOND ST.
SARASOTA FL 34236
US**

Mailing Address

**1231 SECOND ST.
SARASOTA FL 34236
US**

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 **65-0269554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Ronald S. Northup**

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

1231 2nd St

City **Sarasota**

FL

Zip Code **34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT**
NAME **NORTHUP, RONALD S.**
STREET ADDRESS **2201 CANTU CT, STE 100**
CITY-ST-ZIP **SARASOTA FL**

☐ Delete

TITLE **DPT**
NAME **Ronald S. Northup**
STREET ADDRESS **2900 Cherokee Terr**
CITY-ST-ZIP **Sarasota, FL 34239**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

1/5/01 (941)330-0444

Date

Daytime Phone #

CR2E034 (10/00)