

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

DOCUMENT # P93000027437

1. Entity Name

Richard Bruha, P.T., P.A.

**FILED
Apr 10, 2002 8:00 am
Secretary of State**

04-10-2002 90034 009 ***150.00

DO NOT WRITE IN THIS SPACE

B0061591

2. Principal Place of Business

910 N.E. 117 Street

Suite, Apt. #, etc.

3. Mailing Address

910 N.E. 117 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0403797

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lindelius, Walter

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

5 N. Best Point

City

Inverness

FL

Zip Code
34450-1452

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

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



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruha, Richard 910 N.E. 117 Street	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:  Richard Bruha, P.T. 4/01/02 305-895-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #