

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000036322**

1. Entity Name

**SPORTS THERAPY CARE CENTER, INC.****FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90168 037 \*\*\*150.00

0103339 AV

Principal Place of Business

**2828 S TAMiami TRAIL  
SARASOTA FL 34239  
US**

Mailing Address

**2828 S TAMiami TRAIL  
SARASOTA FL 34239  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0442362**

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

**FILSON, RICHARD A ESO  
2727 SOUTH TAMiami TRAIL  
SARASOTA FL 34239**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**PSTD  
MCCOMB, WILLIAM E  
2828 S TAMiami TRAIL  
SARASOTA FL 34239**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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 information empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

2828 Tamiami Trail  
Sarasota, FL 34239  
(941) 957-0200

Attachment  
973563

08/01/02

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom This May Concern:

RE: Uniform Business 2002 Report

Document# P93000036322 Sports Therapy Care  
Document# P99000069129 Progressive Medical

The Uniform Business Reports 2002 were not received at our 2828 Tamiami Location. There is a Doctors office connected to our building possibly it was delivered to the wrong address. If you check our prior history we have always sent these in on time. Attached are both reports with checks for \$150.00. Please accept this with the normal timely filing due to us never receiving those original reports.

Thank You,

Jennifer Cole  
Office Manager