

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024921

1. Entity Name

REGENCY PHYSICAL THERAPY CLINIC, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90066 006 ***150.00

Principal Place of Business

Mailing Address

2032-2 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216

507 YORK ST.
WILLIAMSBURG VA 23185-4723

2. Principal Place of Business

3. Mailing Address

P.O. Box 2908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Williamsburg, Va

Zip

Country

Zip

Country

23187

James City

4. FEI Number

59-3239786

Applied For

Not Applicable

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

VIRZI, DIANA
7776 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

Name

ROLAND HOCHMAN

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

6055 ST. AUGUSTINE RD

City

JACKSONVILLE

FL

Zip Code

32211

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

R. Hochman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-2000

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS VIRZI, DIANA
CITY-ST-ZIP 7776 HUNTERS GROVE RD
JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Virzi, Diana
CITY-ST-ZIP P.O. Box 2908
Williamsburg, Va

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

April 30, 2000 (757) 565-7222

CR2E034 (9/99)