

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P94000061025

1. Entity Name

TOTAL THERAPEUTIC CONCEPTS, INC.

Principal Place of Business  
10211 HUNT CLUB LANE  
PALM BEACH GARDENS, FL 33418

Mailing Address  
10211 HUNT CLUB LANE  
PALM BEACH GARDENS, FL 33418

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

65-0510589

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

NASSER BEBAWEY

Name

10211 HUNT CLUB LANE

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

PALM BEACH GARDENS, FL 33418

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.

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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
NASSER BEBAWEY  
10211 HUNT CLUB LANE  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
200019740372  
05/22/03--01065--007 \*\*150.00

TITLE  
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EVETTE MICAIL  
10211 HUNT CLUB LANE  
PALM BEACH GARDENS, FL 33418 ☐ Delete

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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:

NASSER BEBAWEY PRES.

4/23/03 (561) 622-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)