

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90745 013 ***150.00

DOCUMENT # P94000062078

1. Entity Name
STEVENSON & ASSOCIATES PHYSICAL THERAPY, INC.



Principal Place of Business
4417 SE 16TH PLACE
UNIT 12
CAPE CORAL FL 33904
US

Mailing Address
4417 SE 16TH PLACE
UNIT 12
CAPE CORAL FL 33904
US

2. Principal Place of Business
4409 SE 16th Place
Suite, Apt. #, etc.
Unit 10

3. Mailing Address
4409 SE 16th Place
Suite, Apt. #, etc.
Unit 10

City & State
Cape Coral FL
Zip
33904
Country
USA

City & State
Cape Coral, FL
Zip
33904
Country
USA

4. FEI Number **65-0513636**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

FESTIAN, MARY K
4417 SE 16TH PLACE
UNIT #12
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **Festian, Mary K**
Street Address (P.O. Box Number is Not Acceptable)
4409 SE 16th Place
Unit 12
City **FT Myers** **FL** **Zip Code** **33904**

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 *Mary K Festian*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ **Delete**
NAME **STEVENSON, ERIC**
STREET ADDRESS **4417 SE 16TH PLACE UNIT 12**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPT** ☐ **Delete**
NAME **FESTIAN, MARY K.**
STREET ADDRESS **4417 SE 16TH PLACE UNIT 12**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ **Change** ☐ **Addition**
NAME **Stevenson, Eric**
STREET ADDRESS **4409 SE 16th Place**
CITY-ST-ZIP **FT Myers FL 33904**

TITLE **VPT** ☒ **Change** ☐ **Addition**
NAME **Festian, Mary K**
STREET ADDRESS **4409 S.E 16th Place**
CITY-ST-ZIP **FT Myers, FL 33904**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary K Festian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 *(239) 945-6966*
Date **Daytime Phone #**

CR2E034 (10/02)