

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91529 004 ***150.00

DOCUMENT # P94000082253

1. Entity Name

Physical Therapy First, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4244 University Blvd. S.

3. Mailing Address

4244 University Blvd. S.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Jacksonville, FL 32216

City & State

Jacksonville, FL 32216-4978

Zip

Country

Zip

Country

4. FEI Number

59-3273526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Booras, Peter W.

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

4244 University Blvd. S., Ste. 4

City
Jacksonville

FL

Zip Code
32216-4978

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
PDS
NAME
Booras, Peter W.
STREET ADDRESS
4244 University Blvd. S., Ste. 4
CITY - ST - ZIP
Jacksonville, FL 32216-4978

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IN THIS SPACE**

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 an officer like empowered.

Peter W. Booras

(904) 733-0072

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)