

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084171

1. Entity Name

PROFESSIONAL THERAPY ASSOCIATES INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90376 033 \*\*\*150.00

Principal Place of Business

PO BOX 452063  
SUNRISE FL 33324  
US

Mailing Address

10717 CLEARY BLVD.  
#112  
PLANTATION FL 33324-6088

2. Principal Place of Business

3. Mailing Address

PO Box 452063

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUNRISE FL 33345-2063

City & State

City & State

4. FEI Number

65-0538521

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

CONLIN, JAMES  
10717 CLEARY BLVD.  
#112  
PLANTATION FL 33324

Name

PATRICIA NOON WALKER

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

119 PUFFIN CT

City

RPB

FL

Zip Code

33411

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

*James Conlin* James Conlin President

4/26/00

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  
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  
P  
CONLIN, JAMES F  
10717 CLEARY BLVD.  
PLANTATION FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NOON WALKER, PATRICIA  
119 PUFFIN CT  
RPB, FL. 33411 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NOON WALKER, PATRICIA  
119 PUFFIN CT  
RPB, FL. 33411 ☐ Delete

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

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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 like empowered.

SIGNATURE:

*James Conlin* James Conlin

4/26/00 954-476-9133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)