

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000046554

FILED
Apr 13, 2003
Secretary of State

Entity Name: ISENBERG PEDIATRIC OCCUPATIONAL THERAPY, INC.

Current Principal Place of Business:

913 COLLEGE BLVD. NORTH
LYNN HAVEN, FL 32444

New Principal Place of Business:

1207 ALABAMA AVE.
LYNN HAVEN, FL 32444

Current Mailing Address:

913 COLLEGE BLVD. NORTH
LYNN HAVEN, FL 32444

New Mailing Address:

1207 ALABAMA AVE.
LYNN HAVEN, FL 32444

FEI Number: 59-3318028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISENBERG, SHELLEY A
913 COLLEGE BLVD. NORTH
LYNN HAVEN, FL 32444

Name and Address of New Registered Agent:

ISENBERG, SHELLEY A
1207 ALABAMA AVE.
LYNN HAVEN, FL 32444

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: _____

Electronic Signature of Registered Agent

04/13/2003

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISENBERG, SHELLEY A
Address: 913 COLLEGE BLVD. NORTH
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ISENBERG, SHELLEY A
Address: 1207 ALABAMA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY A. ISENBERG

D

04/13/2003

Electronic Signature of Signing Officer or Director

Date