

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91830 005 \*\*\*150.00

**DOCUMENT # P95000047879**

1. Entity Name  
**ASSOCIATED THERAPY SERVICES, S.P., P.A.**



Principal Place of Business  
**700 W. 23RD STREET  
STE 29  
PANAMA CITY FL 32405  
US**

Mailing Address  
**700 W. 23RD STREET  
STE 29  
PANAMA CITY FL 32405  
US**

2. Principal Place of Business  
**502 N. MacArthur Ave  
Suite, Apt. #, etc.  
Ste A**

3. Mailing Address  
**502 N. MacArthur Ave  
Suite, Apt. #, etc.  
Ste A**

City & State  
**Panama City FL**  
Zip  
**32405**  
Country  
**USA**

City & State  
**Panama City FL**  
Zip  
**32405**  
Country  
**USA**

4. FEI Number **59-3326996**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCINTYRE, PATRICIA M  
700 W 23RD ST  
SUITE 29  
PANAMA CITY FL 32403**

**7. Name and Address of New Registered Agent**

Name  
**McIntyre, Patricia M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**502 N. MacArthur Ave Ste A**  
City  
**Panama City** **FL** Zip Code  
**32405**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MCINTYRE, PATRICIA M	700 W 23RD ST STE 29	PANAMA CITY FL 32403	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPST	McIntyre, Patricia M.	502 N MacArthur Ave Ste A	Panama City FL 32405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/02)