## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCÚMENT # P95000065170 Jul 11, 2000 8:00 am 1. Entity Name Secretary of State PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, 07-11-2000 90173 017 \*\*\*150.00 Principal Place of Business Mailing Address 14840 S. MILITARY TRAIL 14840 S. MILITARY TRAIL **DELRAY BEACH FL 33484 DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0601400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ∞Name==== **BUTLER, BRUCE S** Street Address (P.O. Box Number is Not Acceptable) 7101 W MCNAB RD #103 TAMARAC FL 33321 Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPS ☐ Delete ☐ Change Addition TITLE TITLE SALEHI, HAMID NAME NAME 8801 JOHNSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE STANGER, JEFFREY NAME NAME 4560 NW 24TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change STREET ADDRÉSS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE

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.

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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**SIGNATURE** 

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

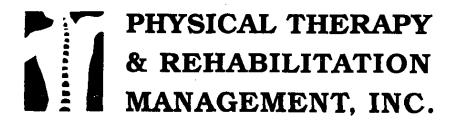
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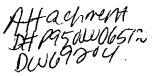
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(561) 4967767 Dartime Phone #

☐ Change

■ Addition





July 5, 2000

Division of Corporations
Uniform Business Report Filings
Attn: Stacy
PO Box 1500
Tallahassee, FL 32302-1500

Dear Stacy:

Pursuant to our phone conversation of 7/5/00, the following is a recap of correspondence regarding the UBR filing for Physical Therapy & Rehabilitation Management. On 4/21/00, I sent the form with check number 879 for \$150.00. In early May, I received back the form and check saying the information on the form was not complete. I then got the preprinted form from my accountant faxed to me and sent it back with the check.

Today July 5, 2000, I received a second notice for filing. I then checked my bank statement saw the original check was never cashed and called you.

Thanks for your anticipated cooperation.

Sincerely,

Jeffrey L. Stanger

JLŚ/smr