

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

07-16-2003 90042 024 ***150.00

DOCUMENT # P95000091203



1. Entity Name
PHYSICAL THERAPY SERVICES OF INDIAN RIVER, INC.

Principal Place of Business
**1831 CAYMAN RD.
VERO BEACH FL 32963
US**

Mailing Address
**1831 CAYMAN RD.
VERO BEACH FL 32963
US**

55053038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3350598**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOVAN, RICHARD J
1831 CAYMAN RD.
VERO BEACH FL 32963**

Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** Zip Code

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 \$650.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DONOVAN, RICHARD J
1831 CAYMAN RD.
VERO BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

Date

Daytime Phone #

CR2E034 (4/03)

7/14/03 (772)
3650

Attachment#

55053038

P95000091203



13852 U.S. HIGHWAY 1 • SEBASTIAN, FLORIDA 32958

Bernadette Haugh, P.T.
John Cusson, P.T.
Richard Donovan, P.T.

Tel: (561) 589-3600
Fax: (561) 388-3305

7/28/03

Dear Justin:

This letter is follow-up to phone call 7/28/03 regarding physical therapy services. Annual report fee.

I never did receive initial report. I received 2nd report 2-3 weeks ago + I immediately send in report + \$150.00. Since + never received