

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90095 043 ***150.00

DOCUMENT # P96000034081

1. Entity Name

MILESTONES THERAPY CENTER, INC.

Principal Place of Business

**6251 PARK BLVD.
 SUITE 8
 PINELLAS PARK FL 33781
 US**

Mailing Address

**6251 PARK BLVD.
 SUITE 8
 PINELLAS PARK FL 33781
 US**

2. Principal Place of Business

**6251 Park Blvd
 Suite #9**

3. Mailing Address

**6251 Park Blvd
 Suite #9**

City & State

Pinellas Park FL

City & State

Pinellas Park FL

Zip
33781

Country

us

Zip

33781

Country

us

4. FEI Number

59-3374619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHAW, PEGGY
 6251 PARK BLVD.
 SUITE 4
 PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

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

6251 Park Blvd., Suite #9

City

Pinellas Park

FL

Zip Code

33781

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)

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SHAW, PEGGY**
 STREET ADDRESS **6251 PARK BLVD. STE 8**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **S** ☐ Delete
 NAME **SHAW, LARRY**
 STREET ADDRESS **6251 PARK BLVD. STE 8**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **Shaw, Peggy**
 STREET ADDRESS **Same. Suite 9**
 CITY-ST-ZIP

TITLE **S** ☐ Change ☐ Addition
 NAME **Shaw, Larry**
 STREET ADDRESS **Same Suite 9**
 CITY-ST-ZIP

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

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

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

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

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:

Larry R. Shaw

Larry R. Shaw

2/21/02

(727) 546-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)