

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90129 035 ***150.00

DOCUMENT # P96000063182

1. Entity Name
SOUTH FLORIDA PHYSICAL THERAPY SERVICES, INC.



Principal Place of Business
1380 PRESIDIO DRIVE
FT. LAUDERDALE FL 33327

Mailing Address
1380 PRESIDIO DRIVE
FT. LAUDERDALE FL 33327

2. Principal Place of Business

3. Mailing Address

5330 SW 186 AVE

Suite, Apt. #, etc.

5330 SW 186 AVE

City & State

Southwest Ranches, FL

Zip

33332

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0686503

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROTHERS, LISA M
1380 PRESIDIO DRIVE
FT. LAUDERDALE FL 33327

Name

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

5330 SW 186 AVE

Southwest Ranches

City

FL

Zip Code

33332

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CROTHERS, LISA M**
CITY-ST-ZIP **5330 SW 186 AVENUE**
SOUTHWEST RANCHES FL 33332

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 #

CR2034 (10/02)