

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000065512**1. Entity Name  
PALM BEACH PHYSIOTHERAPY AND MASSAGE, INC.Principal Place of Business  
20925 LYONS RD  
#3  
BOCA RATON FL 33428  
USMailing Address  
19329 SKYRIDGE CIRCLE  
BOCA RATON FL 33498  
US2. Principal Place of Business  
19801 HAMPTON DR.3. Mailing Address  
19801 HAMPTON DR.Suite, Apt. #, etc.  
SUITE 1 AND 2Suite, Apt. #, etc.  
SUITE 1 AND 2City & State  
BOCA RATON FLCity & State  
BOCA RATON FLZip  
33434Country  
USZip  
33434Country  
US4. FEI Number  
**65-0684791**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MANNARINO ANTHONY  
7997 W COUNTRY CLUB BLVD  
BOCA RATON FL 33487  
US**7. Name and Address of New Registered Agent**Name  
MANNARINO ANTHONY  
Street Address (P.O. Box Number is Not Acceptable)  
19803 BACK NINE DR.  
City  
BOCA RATON FL Zip Code  
33498

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 \_\_\_\_\_ **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 | NAME                | STREET ADDRESS           | CITY-ST-ZIP         | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------------|---------------------|---------------------------------|
|       |                     |                          |                     |                                 |
|       | D MANNARINO ANTHONY | 7997 W COUNTRY CLUB BLVD | BOCA RATON FL 33487 | <input type="checkbox"/> Delete |
|       |                     |                          |                     |                                 |
|       |                     |                          |                     |                                 |
|       |                     |                          |                     |                                 |
|       |                     |                          |                     |                                 |
|       |                     |                          |                     |                                 |

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

| TITLE | NAME                | STREET ADDRESS      | CITY-ST-ZIP         | D | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
|-------|---------------------|---------------------|---------------------|---|--|--|
|       | MANNARINO DANIELE   | 19803 BACK NINE DR. | BOCA RATON FL 33498 |   |  |  |
|       | D MANNARINO ANTHONY | 19803 BACK NINE DR. | BOCA RATON FL 33498 |   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                     |                     |                     |   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
|       |                     |                     |                     |   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
|       |                     |                     |                     |   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
|       |                     |                     |                     |   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |

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:** Danielle Mannarino

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)