

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000065512

FILED  
Mar 05, 2002 8:00 AM  
Secretary of State

**Entity Name:** PALM BEACH PHYSIOTHERAPY AND FAMILY MEDICINE, INC.

## Current Principal Place of Business:

19801 HAMPTON DR.  
SUITE 1 AND 2  
BOCA RATON, FL 33434 US

## New Principal Place of Business:

## Current Mailing Address:

19801 HAMPTON DR.  
SUITE 1 AND 2  
BOCA RATON, FL 33434 US

## New Mailing Address:

FEI Number: 65-0684791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MANNARINO, ANTHONY  
19803 BACK NINE DR.  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

BARRIOS, JOSE A D  
7391 OAKBORO DR.  
LAKE WORTH, FL 33467 US

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: JOSE A BARRIOS

03/05/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANNARINO, ANTHONY  
Address: 19803 BACK NINE DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Delete  
Name: MANNARINO, DANIELLE  
Address: 19803 BACK NINE DR.  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BARRIOS, JOSE A  
Address: 7391 OAKBORO DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. BARRIOS

D

03/05/2002

Electronic Signature of Signing Officer or Director

Date