

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 049 ***150.00

DOCUMENT # P96000093391

1. Entity Name

PHYSICAL THERAPY AND REHABILITATION, INC.

Principal Place of Business

Mailing Address

525 S.E. 6TH AVE
 DELRAY BEACH FL 33483

1903 S CONGRESS AVE
 #400
 BOYNTON BCH FL 33426-6559
 US

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 **65-0707595**

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

Name

Daniel W. Bivins, Jr.

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

1903 S. Congress Ave

Suite 400

City

Boynton Beach

FL

Zip Code

33426

DAVIS, E. NICHOLAS III
1903 S CONGRESS AVE
#400
BOYNTON BCH FL 33426

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.

Daniel W. Bivins, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPC	<input type="checkbox"/> Delete
NAME	PUSATERI, DANA J	
STREET ADDRESS	10323 61 CABALLO COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOBIN, ARTHUR P	
STREET ADDRESS	1903 S CONGRESS AVE #400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, E. NICHOLAS III	
STREET ADDRESS	1903 S CONGRESS AVE #400	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1903 S. Congress Ave., Ste. #400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Schumann	
STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	DTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Perches	
STREET ADDRESS	1903 S. Congress Ave #400	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Schumann **4/28/00** **(561) 737-2227**

Date

Daytime Phone #