

# 2000 UNIFORM BUSINESS REPORT (UBR)

*Amended*

**FILED**

00 AUG 30 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PA60000691105*

1. Entity Name  
*Milestones Therapy, Inc*

Principal Place of Business Mailing Address  
*6396 Bridgeport Lane  
Lake Worth, FL 33463*

2. Principal Place of Business 3. Mailing Address  
*6396 Bridgeport Lane 6396 Bridgeport Lane*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Lake Worth, FL Lake Worth, FL*  
Zip Country Zip Country  
*33463 US 33463 US*

4. FEI Number Applied For  
*65-071-3112* 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  
*Carolyn P. Nieri* Name *Stacy L.M. Flanagan*  
*5146 Palm Way* Street Address (P.O. Box Number is Not Acceptable) *6396 Bridgeport Lane*  
*Lake Worth, FL 33463* City *Lake Worth* FL Zip Code *33463*

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 *Stacy L.M. Flanagan, President* 8/28/00  
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. ☐ **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	<i>President, Secretary</i>	<input checked="" type="checkbox"/> Delete	TITLE	<i>President, Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carolyn P. Nieri</i>		NAME	<i>Stacy L.M. Flanagan</i>	
STREET ADDRESS	<i>5146 Palm Way</i>		STREET ADDRESS	<i>6396 Bridgeport Lane</i>	
CITY-ST-ZIP	<i>Lake Worth, FL 33463</i>		CITY-ST-ZIP	<i>Lake Worth, FL 33463</i>	
TITLE	<i>Vice President, Treasurer</i>	<input checked="" type="checkbox"/> Delete	TITLE	<i>Vice President, Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ralph C. Nieri</i>		NAME	<i>Patrick M. Flanagan</i>	
STREET ADDRESS	<i>5146 Palm Way</i>		STREET ADDRESS	<i>6396 Bridgeport Lane</i>	
CITY-ST-ZIP	<i>Lake Worth, FL 33463</i>		CITY-ST-ZIP	<i>Lake Worth, FL 33463</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Carolyn P. Nieri* *Stacy L.M. Flanagan* 8/28/00 (561) 967-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)