2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90204 017 ***150.00

DOCUMENT # P97000013322

1. Entity Name

SOUTH FLORIDA PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
4491 SOUTH STATE ROAD SEVEN. STE. ~~200~~ FT. LAUDERDALE FL 33314	4491 SOUTH STATE ROAD SEVEN. STE. ~~200~~ FT. LAUDERDALE FL 33314-4032

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0727984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOISVERT, LOUIS III
4491 SOUTH STATE ROAD SEVEN, STE. ~~200~~
FT. LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name Stark, Barry
Street Address (P.O. Box Number is Not Acceptable) 8181 W. Broward Blvd
Suite 255
City Plantation FL Zip Code 33324

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, BARRY 4491 SOUTH STATE ROAD SEVEN, STE. ~~200~~ 208 FT. LAUDERDALE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Date Daytime Phone #