

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

0321427 AV

**DOCUMENT # P97000013322**

1. Entity Name

**SOUTH FLORIDA PHYSICAL THERAPY, INC.**

02-26-2002 90071 040 \*\*\*150.00

Principal Place of Business

**4491 SOUTH STATE ROAD SEVEN. STE. 200  
 SUITE 208  
 FT. LAUDERDALE FL 33314**

Mailing Address

**4491 SOUTH STATE ROAD SEVEN. STE. 200  
 SUITE 208  
 FT. LAUDERDALE FL 33314**



2. Principal Place of Business

**8181 W Broward Blvd  
 Suite, Apt. #, etc. # 255**

3. Mailing Address

**8181 W Broward Blvd  
 Suite, Apt. #, etc. # 255**

DO NOT WRITE IN THIS SPACE

City & State

**Plantation, FL**

City & State

**Plantation FL**

4. FEI Number

**65-0727984**

Applied For

Not Applicable

Zip

**33324**

Country

**USA**

Zip

**33324**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STARK, BARRY  
 8181 WEST BROWARD BLVD.  
 SUITE 255  
 FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

(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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 ☐ Delete  
**PD STARK, BARRY**  
 STREET ADDRESS **4491 SOUTH STATE ROAD 7 SUITE 208**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS **8181 W Broward Blvd #255**  
 CITY-ST-ZIP **Plantation FL 33324**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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:**

**STARK, BARRY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)