2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700036756

1. Entity Name BAY THERAPY CENTER, INC. Principal Place of Business Mailing Address

FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90076 005 ***150.00

PETERSBURG FL 33704 2. Principal Place of Business		3015 - 7 ST N ST. PETERSBURG FL 33704-2004 US 3. Mailing Address			B0034846				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-3442101			Applied For Not Applicable	
Zip	Country	Zip	Country	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7.	Name and Addres	s of New Registere	d Agent		1
ROUSSEAU, RACHEL J 3015 - 7ST N			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)					
S1. I	PETERSBURG FL 33704		City			F	Zip Cod	de	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent an		registered office or E: Registered Agent signatu			State of Florida.			
9 This:corne	oration:is:eligible to satisfy its:Intangible	EILE NOW!	!!-FEE-IS-\$150.0	00	- 1 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Φ.Π		
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be Make Check Payable to Depart		50.00	li .	ampaign Financing- Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND D	IRECTORS	12,		DDITIONS/CHANG	ES TO OFFICERS A			=
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST ROUSSEAU, RACHEL J 7901 - 4TH STREET NORTH #310 ST. PETERSBURG FL 33702	□ Delete	TITLE I NAME STREET ADDRESS I CITY-ST-ZIP		7 Str hers burs Fl	33704	Change	Addition	2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEAU, RACHEL J 7901 - 4TH STREET NORTH #310 ST. PETERSBURG FL 33702	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7.5+M Hersburg Fl	33704	Change	Addition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST-ZIP		C☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D∈lete	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	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with to this report or supplemental report is to this report of supplemental report is to the control of the control o		NAME STREET ADDRESS CITY-ST-ZIP	ed in Section	119.07(3)(i), Floric legal effect as if m	la Statutes. I further ade under oath; tha			_

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

SIGNATURE:

Daytime Phone #