

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047538

1. Entity Name

ADVANCED THERAPEUTICS REHABILITATION CENTER, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90100 017 ***150.00

Principal Place of Business

Mailing Address

4237 SALISBURY RD., STE 106
JACKSONVILLE FL 32216

4237 SALISBURY RD., STE 106
JACKSONVILLE FL 32216-0904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3451343

Applied For
Not Applicable

Zip Country

Zip Country

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 MICHAEL PORTER

Street Address (P.O. Box Number is Not Acceptable)
4237 SALISBURY ROAD

SUITE 106

City JACKSONVILLE FL Zip Code 32216

~~SHOCK, LISA~~
4237 SALISBURY ROAD
SUITE 106
JACKSONVILLE FL 32216

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 *Michael Porter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/13/00
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, 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 P
NAME SHOCK, LISA
STREET ADDRESS 4237 SALISBURY RD., STE 106
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

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

TITLE S
NAME MICHAEL PORTER
STREET ADDRESS 4237 SALISBURY RD., STE 106
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: *Michael Porter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/00 296-7566
Date Daytime Phone #

CR2E034 (9/99)