

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000050337**1. Entity Name
ABC PEDIATRIC THERAPY, INC.

Principal Place of Business

19569 N.E. 10TH AVENUE

NORTH MIAMI BEACH

FL

33179

Mailing Address

ABC PEDIATRIC THERAPY, INC.

P.O. BOX 531102

MIAMI SHORES

US

331531102

2. Principal Place of Business

9165 PARK DRIVE

3. Mailing Address

Suite, Apt. #, etc.

9 & 12

Suite, Apt. #, etc.

City & State

MIAMI SHORES

FL

City & State

Zip

33138

Country

US

Zip

Country

4. FEI Number

65-0761146

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLEMING JENNIFER

19569 N.E. 10TH AVE.

NORTH MIAMI BEACH

FL

33179

US

7. Name and Address of New Registered Agent

Name

FLEMING JENNIFER

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

9165 PARK DRIVE

9 & 12

City

MIAMI SHORES

FL

Zip Code

33138

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)

09/11/2001

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, 2001 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	PSO	<input type="checkbox"/> Delete
NAME	FLEMING JENNIFER	
STREET ADDRESS	19569 N.E. 10TH AVENUE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING JENNIFER	
STREET ADDRESS	9165 PARK DRIVE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: JENNIFER FLEMING

PSO

09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)