2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90039 032 ***150.00

DOCUMENT # P97000058921

1. Entity Name
GREATER ORLANDO THERAPY CLINIC, INC.

Principal Place of Business	Mailing Address
995 N STATE RD 434, SUITE 405 ALTAMONTE SPRINGS FL 32714	995 N STATE RD 434, SUITE 405 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Street: Greater Orlando Therapy Clinic Inc. 445 Osceola Street	Street: Greater Orlando Therapy Clinic Inc. 445 Osceola Street
City & State: Altamonte Springs Florida 32701	City & State: Altamonte Springs Florida 32701
Zip / Country	Zip / Country

4. FEI Number: 59-3458810 ☐ Applied For ☐ Not Applicable

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
CLOW, JOAN 7949 BRIDGESTONE DRIVE ORLANDO FL 32835	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CLOW, CHARLES E 7949 BRIDGESTONE DR ORLANDO FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Joan A. Clow 4-4-01 407-831-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #