

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072718

1. Entity Name

Muscular Therapy & Rehab Center, Inc.

Principal Place of Business

5386 Spring Hill Dr.
Spring Hill FL
34606

Mailing Address

5386 Spring Hill Dr.
Spring Hill FL
34606

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

59-3465485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Stoeckicht, Louis M.
18196 Winding Oaks Blvd.
Hudson, FL 34667

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 15, 2000 Fee will be \$50.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME Stoeckicht, Louis
STREET ADDRESS 18196 Winding Oaks Blvd.
CITY-ST-ZIP Hudson, FL 34667

☐ Delete

TITLE DVS
NAME Stoeckicht, Lynne
STREET ADDRESS 18196 Winding Oaks Blvd
CITY-ST-ZIP Hudson, FL 34667

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TITLE DV
NAME Arrington, Lisa M.
STREET ADDRESS 1213 Lodge Circle
CITY-ST-ZIP Spring Hill FL 34606

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

352-684-1133

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90958 016 ***150.00

DO NOT WRITE IN THIS SPACE