

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90034 006 ***150.00

DOCUMENT # P97000078683

1. Entity Name
PHYSIO-MED PHYSICAL THERAPY, INC.

Principal Place of Business

443 PLAZA DR
EUSTIS FL 32726

Mailing Address

443 PLAZA DR
EUSTIS FL 32726

2. Principal Place of Business

P.O. Box 96

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 96

Suite, Apt. #, etc.

City & State

MT. DORA FL

City & State

MT. DORA FL

Zip

FL 32757

Country

Zip

FL 32757

Country

4. FEI Number

59-3480007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPASKE, PIETER
236 CHURCHILL DRIVE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

S.S.K. ACCOUNTING

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

40 SOUTH DEWEY STREET

City

EUSTIS

FL

Zip Code

32726

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

H. ZWART FOR SSK.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/04/02

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, 2002 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 **A** ☒ Delete
NAME **TEPASKE, PIETER**
STREET ADDRESS **236 CHURCHILL DR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HARM ZWART**
STREET ADDRESS **1705 IMPERIAL PALM DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **PIETER TE PASKE**
STREET ADDRESS **236 CHURCHILL DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

HAROLD ZWART, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/04/02 589-5595

CR2E034 (9/01)