

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90376 032 \*\*\*150.00

**DOCUMENT # P97000094694**

1. Entity Name  
**PROFESSIONAL THERAPY, INC.**

Principal Place of Business P.O. BOX 452063 SUNRISE FL 33345	Mailing Address P.O. BOX 452063 SUNRISE FL 33345-2063
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0790937</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONLIN, JAMES F**  
**P O BOX 452063**  
**SUITE 112**  
**SUNRISE FL 33345**

Name <b>PATRICIA NOON WALKER</b>
Street Address (P.O. Box Number is Not Acceptable) <b>119 PUFFIN CT</b>
City <b>RPB FL 33411</b>
Zip Code <b>FL</b>

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 *James Conlin* *James Conlin* *4/26/00*  
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>COBB, DENISE</b> 2903 29TH LANE LAKE WORTH FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NOON WALKER, PATRICIA</b> 119 PUFFIN CT RPB, FL. 33411
<input type="checkbox"/> Delete	<b>O</b> <b>CONLIN, JAMES</b> 10717 CLEARY BLVD. APT. 112 PLANTATION FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<del><b>PATRICIA NOON WALKER</b> 119 PUFFIN CT. Royal Palm Beach FL 33411</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Conlin* *James Conlin* *4/26/00* *954-476-9133*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)