

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90134 035 \*\*\*150.00

**DOCUMENT # P97000094694**

1. Entity Name

**Professional Therapy, Inc.**

P.O. Box 452063  
 Sunrise, FL 33345

**\*\*NEW\*\***

**\*\*NEW\*\***

2. Principal Place of Business

**P.O. Box 210334**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 210334**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Royal Palm Beach, FL**

Zip

**33421**

Country

**USA**

City & State

**Royal Palm Beach, FL**

Zip

**33421**

Country

**USA**

4. FEI Number

**65-0790937**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name

**Patricia Walker**

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

**119 Puffin Court**

City

**Royal Palm Beach**

**FL**

Zip Code

**33411**

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) ☐

January 1 - May 1: Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 **D**  
 NAME **Patricia Walker**  
 STREET ADDRESS **119 Puffin Court**  
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **O**  
 NAME **James Conlin**  
 STREET ADDRESS **10717 Cleary Blvd. Apt. 112**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE  
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TITLE **O** **\*\*DELETE\*\***  
 NAME **James Conlin**  
 STREET ADDRESS **10717 Cleary Blvd. Apt. 112**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE  
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TITLE  
 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/02

Date

Daytime Phone #

CPRE34R (12/01)

Attachment #  
P97000094694  
80131886

**LASHBROOK & WOLLARD, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

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Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Fasano, CPA, MBA  
Dean R. Lashbrook

*Member of the  
Florida Institute of  
Certified Public Accountants*

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July 19, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Professional Therapy, Inc.  
Document # P97000094694**

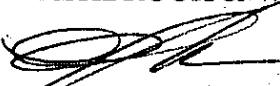
To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. It recently came to our attention that our client did not receive their 2002 UBR Report and that it is probably due to the fact that their mailing address has changed.

We contacted the State and they informed us to mail the UBR Report with \$150.00 immediately. Enclosed please find the report and check for \$150.00 as requested. If you should have any questions, please contact our office. Thank you.

Sincerely,

LASHBROOK & WOLLARD, P.A.

  
Dru D. Lashbrook, CPA  
for the firm.

DDL/kd  
Enclosures