

**2000 UNIFORM BUSINESS REPORT (UBR)**

1092

DOCUMENT # P 98000015353

1. Entity Name  
Sage Physical Therapy & Rehabilitation Center, Inc.

FILED  
00 JUN 26 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
580 Jefferson Dr. #106 580 Jefferson Dr. #106  
Deerfield Bch, FL 33442 Deerfield Bch, FL 33442

2. Principal Place of Business 3. Mailing Address  
4733 W. Atlantic Ave. 4733 W. Atlantic Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 17 Suite 17  
City & State City & State  
Delray Beach, FL Delray Beach, FL  
Zip Country Zip Country  
33445 USA 33445 USA

DO NOT WRITE IN THIS SPACE **AR 99**

4. FEI Number Applied For  
65-0812036 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Name and Address of Current Registered Agent  
Sage, Daniel  
580 Jefferson Dr. #106  
Deerfield Bch, FL 33442  
7. Name and Address of New Registered Agent  
Name: ~~Same~~ new address  
Street Address (P.O. Box Number is Not Acceptable)  
12680 Little Palm Lane  
City: Boca Raton FL Zip Code: 33428

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so  **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sage, Daniel 580 Jefferson Dr. #106 Deerfield Bch, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12680 Little Palm Lane Boca Raton, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003328605--0 -07/19/00--01105--019 ****300.00 ****300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KE</b>

CR2E034 (9/99)

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: Daniel Sage 4/25/00 561-496-5144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Sage Physical Therapy and Rehabilitation Center, Inc.  
4733 West Atlantic Avenue  
Building C Suite 17  
Delray Beach, FL 33445

June 14, 2000

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Ref. # P98000015353

To Whom It May Concern:

I received the attached notification letter that my corporation was dissolved because I had not sent in a 1999 corporate annual report. After Sage Physical Therapy was incorporated at the end of 1998, the business moved to a new location. I left a forwarding address with the post office; however, my 1999 annual report was never forwarded to me.

My accounting firm reminded me to submit the 2000 uniform business report to the State of Florida and I did not realize that I had never sent in the form for 1999. I am therefore writing to request that the reinstatement fees be waived due to the fact that I never received last year's form because of my move.

I have included the 2000 Uniform Business Report along with a check for \$300.00 to cover both this year and last year's (1999) reports. Thank you for your kind consideration of this matter. It is truly appreciated.

Sincerely,

  
Daniel Sage  
President