

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90719 047 ***150.00

DOCUMENT # P98000062324

1. Entity Name

A UNIQUE THERPAY CENTER, P.A.

Principal Place of Business

Mailing Address

**805 EAST HILLSBORO BOULEVARD, SUITE 103
 DEERFIELD BEACH FL 33441**

**805 EAST HILLSBORO BOULEVARD, SUITE 103
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

Suite 111
7300 W. Camino Real

3. Mailing Address

Suite 111
7300 W. Camino Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Raton, FL

Boca Raton, FL

City & State

City & State

Zip

Country

Zip

Country

33433

33433

4. FEI Number

65-0846546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LATZ, MARTHA PHD

**805 EAST HILLSBORO BOULEVARD, SUITE 103
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

Latz Martha PhD

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

7300 W. Camino Real Suite 111

Boca Raton

City

FL

Zip Code

33433

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, type 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, 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 **D** ☒ Delete
 NAME **LATZ, MARTHA PHD**
 STREET ADDRESS **805 EAST HILLSBORO BOULEVARD, SUITE 103**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Latz, Martha, Ph.D.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7300 W. Camino Real Suite 111**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 *Martha Latz* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 561-368-5081

Date

Daytime Phone #

CR2E034 (9/01)