

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90434 041 ***150.00

DOCUMENT # P98000062324

1. Entity Name

A UNIQUE THERPAY CENTER, P.A.



Principal Place of Business
7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433

Mailing Address
7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433

2. Principal Place of Business

7300 W Camino Real

Suite, Apt. #, etc.
Suite 114

City & State
Boca Raton

Zip
33433

Country

3. Mailing Address

7300 W Camino Real

Suite, Apt. #, etc.
Suite 114

City & State
Boca Raton

Zip
33433

Country



☒ CHECK HERE IF MAKING CHANGES

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
7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
Latz, Martha Ph.D

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

7300 W Camino Real 114

Boca Raton

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Martha Latz Ph.D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LATZ, MARTHA PHD
7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Latz, Martha Ph.D. ☒ Change ☐ Addition
7300 W. Camino Real Suite 114
Boca Raton, FL 33433

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

TITLE
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha Latz Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

561-865-1966

Daytime Phone #