

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003230

1. Entity Name

JENSEN PHYSICAL THERPY, INC.

Principal Place of Business

702 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

702 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0896407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMPSON, CRAIG
2101 S.E. HERRON AVE.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

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.

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)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, CRAIG	
STREET ADDRESS	2101 SE HERRON AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ELAINE	
STREET ADDRESS	2485 S.E. SIDONIA ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, NORMA	
STREET ADDRESS	192 JEFFREY LN.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Sampson

Date

Daytime Phone

772-2258908

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90289 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)