

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008781

1. Entity Name

ARCTIC PHYSICAL THERAPY CENTER, INC.

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 039 ***150.00

Principal Place of Business

508 W LANTANA RD.
LANTANA FL 33462

Mailing Address

508 W LANTANA RD.
LANTANA FL 33462

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

65-0889831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUKKANEN, EERO
508 W LANTANA RD.
LANTANA FL 33462

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 filing for change of agent)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS LAUKKANEN, EERO
CITY-ST-ZIP 508 W LANTANA RD.
LANTANA FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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)(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:

Signature of Eero Laukkanen, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09.13.2000

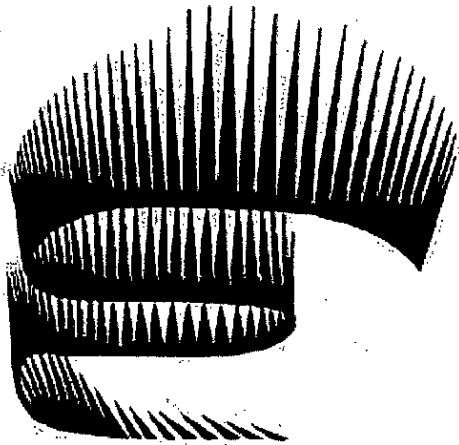
Daytime Phone #

(561)
547-0402

CR2E034 (5/00)

Attachment
p99000008781

A0019362



Eero A. Laukkanen, RPT
Email: ArcticPT@aol.com

508 W. Lantana Rd, Lantana, FL 33462
Tel: 561-547-0402 Fax: 561-547-0079

September 13, 2000
Lantana, Florida

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

RE: 2000 Uniform Business Report
For ARCTIC PHYSICAL THERAPY CENTER, Inc.
Document# P99000008781

Dear Sirs,

I never received your UBR before I left to Europe for vacation on June 28, 2000. When I came back, here was a second notice on my clinic table. I am sending the original fee of \$150.00 with this notice since I never received the first notice.

Yours truly,

Eero A. Laukkanen RPT

Eero A. Laukkanen, RPT
President of Arctic Physical Therapy Center, Inc.
PT 0009524

Arctic Physical Therapy Center, Inc.
508 W. Lantana Rd.
Lantana, FL 33462
Tel 561-547-0402 Fax 561-547-0079