

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED

Aug 17, 2000 8:00 am
Secretary of State

07-28-2000 90151 046 ***150.00

DOCUMENT # P99000011707

1. Entity Name

PROGRESSIVE HEALING CENTERS, INC.

R

Principal Place of Business

2041 UNIVERSITY DR.
CORAL SPRINGS FL 33071

Mailing Address

2041 UNIVERSITY DR.
CORAL SPRINGS FL 33071

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0093986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, GARY M P.A.
1701 W. HILLSBORO BLVD., STE. 103
DEERFIELD BEACH FL 33442

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SANCETTA, ANTHONY
STREET ADDRESS 6811 N.W. 76TH CT.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE 5740 NW 51 PL
NAME Coral Springs FL
STREET ADDRESS 33067 ☒ Change ☐ Addition

TITLE D
NAME CAPECE, CHRIS J
STREET ADDRESS 200 N.W. 77TH AVE.
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE 1610 N.E. 34 St
NAME Pompano Beach, FL
STREET ADDRESS 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00 (954) 344-4343
Date Daytime Phone

Attachment
D/E 09/11/17/07
[REDACTED] 309210

7/20/00

PROGRESSIVE HEALING CENTERS

To Whom It May Concern:

Our corporation never received a first notice for filing the business report this year. We were unaware of this until receiving the second notice.

The telephone clerk for your department indicated that with this letter you would accept our filing with the usual \$150 fee.

Thank you,



Chris Capece, VP Progressive Healing Centers