

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90073 020 ***150.00

DOCUMENT #

PA9000011707

1. Entity Name

Progressive Healing Centers, Inc.

Principal Place of Business

Mailing Address

2041 UNIVERSITY DR. 2041 UNIVERSITY DR
CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3239 N. SR. 7

Suite, Apt. #, etc.

3239 N. SR. 7

City & State

MARGATE, FL.

City & State

MARGATE, FL.

Zip

33063

Country

USA

Zip

33063

Country

USA

4. FEI Number

65-0893986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mills, Gary
1701 W. Hillsboro BLVD STE. 103
Deerfield Bch, 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 renaming)

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 \$100.00

After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President D
Anthony SANCETTA
5740 N.W. 51st PLACE
CORAL SPRINGS, FL 33067

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President D
CHRIS CAPECE
200 N.W. 77th AVE
MARGATE, FL 33063

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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☐ 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)(f), 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:

CHRIS CAPECE

8/13/01 (954) 868-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2034 (11/00)

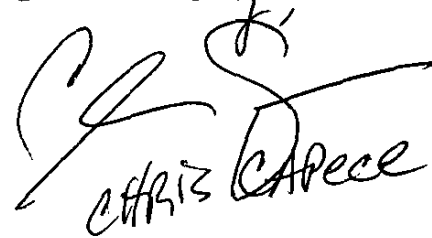
Attachment
PA90001707
B0062331

To: Division of Corporations,

Progressive Healing Centers moved locations early in 2001. While in transition, the mail was improperly forwarded and the business did not receive the UBR renewal form.

This unfortunate circumstance resulted in the UBR not being sent by the stated deadline. The company has just realized that there was a mixup and we immediately began proceedings to get the form to the Division of Corporations. Your office directed us to write this letter explaining the situation and to send the standard \$150.00 renewal fee. We can be contacted at (954) 868-5152. Thank you for your understanding.

P.S.) We cannot find record of the document #.

Sincerely,

CHRIS CAPECCE