

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045061

1. Entity Name

PORRAS PHYSICAL THERAPY AND REHABILITATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

927 LEXINTON RD.

Suite, Apt. #, etc.

3. Mailing Address

927 LEXINTON RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE, FL.

City & State

ROCKLEDGE, FL.

4. FEI Number

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32955

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARCOS PORRAS

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

927 LEXINTON RD.

City

ROCKLEDGE

FL

Zip Code

32955

DO NOT WRITE
IN THIS SPACE

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

MARCOS PORRAS

5/10/03

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PS PORRAS, MARCOS 927 LEXINTON RD. ROCKLEDGE, FL. 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200020544332 05/05/03--01049--028 **450.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



MARCOS PORRAS 5/10/03 (305)822-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

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5/10/03

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS PORRAS

5/10/03

(305) 822-0669

Date

Daytime Phone #

Attachment Do# P990000545061

Porras Physical Therapy and Rehabilitation, Inc.
927 Lexington Rd.
Rockledge, Fl. 32955
(305) 822- 0669

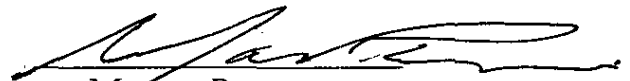
May 10, 2003

To Whom It May Concern:

I, Marcos Porras, am sending the annual reports for 2001, 2002 and 2003 of Porras Physical Therapy and Rehabilitation, inc. late because I did not received the forms.

If you have any questions please, feel free to give me a call at the above number. Thank you in advance.

Sincerely,


Marcos Porras