2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-18-2001 91594 006 ***150.00

DOCUMENT # P99000057209

1. Entity Name
Christine Fitzgerald, PT, PA

Principal Place of Business	Mailing Address
Physical Therapy	110 SE 4th Ave Delray Beach, FL 33483

2. Principal Place of Business	3. Mailing Address
110 SE 4th Ave	Same
Suite, Apt. #, etc. Delray Beach, Fl	Suite, Apt. #, etc.
City & State FL	City & State
Zip 33483 / Country US	Zip / Country

[redacted]
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932326 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Popkin & Shorpin, PA
2499 Glades Rd, Ste 114
Boca Raton, FL 33431

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, 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	Owner/President Christine Fitzgerald 110 SE 4th Ave, 104 Delray Beach, FL 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] Christine Fitzgerald 05/01/01 561-278-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #