

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90120 029 ***158.75

DOCUMENT # P99000079974
1. Entity Name
THERAPEUTIX REHAB & EQUIPMENT SERVICES INC.

Principal Place of Business

11375 NW HWY 326
OCALA FL 34482

Mailing Address

P O BOX 771028
OCALA FL 34477

DU 110042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21449 NE 130th RD,
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 521
 Suite, Apt. #, etc.

City & State

ORANGE SPRINGS, FL.

City & State

ORANGE SPRINGS.

4. FEI Number

59-2999866

Applied For

Not Applicable

Zip

32182.

Country

U.S.A.

Zip

FL. 32182.

Country

U.S.A.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORRIGAN, ELIZABETH
11375 NW HWY 326
OCALA FL 34482

7. Name and Address of New Registered Agent

Name NORMAN LEE BUFORD, JR.

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

21449 NE 130th CT Road,

City ORANGE SPRINGS. FL Zip Code 32182.

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

Norman Lee Buford, Jr.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02.

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, 2002 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 PVT
NAME CORRIGAN, ELIZABETH
STREET ADDRESS 11375 NW HWY 326
CITY-ST-ZIP Ocala FL 34482

☒ **Delete**

TITLE PVTSD
NAME NORMAN LEE BUFORD
STREET ADDRESS 21449 NE 130th CT Road
CITY-ST-ZIP ORANGE SPRINGS, FL 32182

☒ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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CITY-ST-ZIP

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☐ **Change** ☐ **Addition**

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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)(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: *Norman Lee Buford, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02. (352) 351-9007

Date

Daytime Phone #

CR2E034 (9/01)