2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

S15001 **DOCUMENT #**

1. Entity Name



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90191 030 ***150.00

PHYSICAL THERAPY OF SARASOTA, INC.								
Principal Place of Business 2121 S TAMIAMI TRAIL SARASOTA FL 34239-3804 US		Mailing Address 2121 S TAMIAMI TRAIL SARASOTA FL 34239-3804 US						
2. Principal Pla	ace of Business	3. Mailing Address			FDE/FOID IN FIRM BILLS BATTL BRIDT TIMES	(Bif Billi) Aratt sien aren.	51211 1321	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. F	El Number 65-0235590		ied For Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Additi	onal	
			1	7N	lame and Address of New Regist	ered Agent		
	6. Name and Address of Current	Hegistered Agent	Name					
KISIFI FWS	ski, stephanie		Street A	dress (P.O. B	ox Number is Not Acceptable)	<u> </u>		
2121 S TA	MIAMI TRAIL							
SARASOTA FL 34239-3804			City			FL Zip Code		
			its as sintered office or	registered an	ent, or both, in the State of Florida.	I am familiar with, a	nd accept	
8. The above the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registered office of	legistered ag				
 SIGNATURE	Hickory Kirlandi	<u> </u>		wired when r	2///	DATE		
SIGNATURE -	Signature typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registered Agent signat	ure required when h	enstaing)			
- After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00				 Election Campaign Financi Trust Fund Contribution. 		May Be to Fees	
Make Check	k Payable to Florida Department		-	ΔΓ	DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	IN 11	
10.	OFFICERS AND		11.		SB/HONO/ OF SAVES OF SAVES	Change	Addition	
TITLE NAME STREET ADDRESS	V MARCONI, ADAM 31710 CLAY GULLY ROA D	☐ Delete	TITLE NAME STREET ADDRESS	31710	CLAY GULLY A	20AB		
CITY-ST-ZIP	MYAKKA CITY FL 34251		CITY-ST-ZIP	<u> </u>		Change	Addition	
TITLE	PST	☐ Delete	TITLE	1	•	(F) Change		
NAME	KISIELEWSKI, STEPHANIE		NAME STREET ADDRESS	2728	Harvest Dr.			
STREET ADDRESS			CITY-ST-ZIP	Same	ta FC 34240			
CITY-ST-ZIP	SARASOTA FL	- Doloto	TITLE	1000		☐ Change	☐ Addition	
TITLE		☐ Delete	NAME					
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				Addition	
	 	☐ Delete	TITLE			☐ Change	☐ Addition	
TITLE NAME			NAME					
STREET ADDRESS			STREET ADDRESS	-				
CITY-ST-ZIP			CITY-ST-ZIP	 		☐ Change	Addition	
TITLE		☐ Delete	TITLE	1				
NAME	1		NAME STREET ADDRESS		•			
STREET ADDRESS	s		CITY-ST-ZIP	']				
CITY-ST-ZIP			0111-31-21F			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Delete