

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90115 030 \*\*\*150.00

**DOCUMENT # S76435**

1. Entity Name  
**THE KING AND I PHYSICAL THERAPY, P.A.**

Principal Place of Business

**1546 ELMWOOD AVE  
 KISSIMMEE FL 34744-4009**

Mailing Address

**1546 ELMWOOD AVE  
 KISSIMMEE FL 34744-4009**

2. Principal Place of Business

**6002 Renaissance Ct.  
 Suite, Apt. #, etc.**

3. Mailing Address

**6002 Renaissance Ct.  
 Suite, Apt. #, etc.**

City & State

**St. Cloud, FL**

Zip

**34772**

Country

**Osceola**

City & State

**St. Cloud, FL**

Zip

**34772**

Country

**Osceola**

4. FEI Number

**59-3076546**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WOIDA, JOANNE  
 1546 ELMWOOD AVE.  
 KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name

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

**6002 Renaissance Ct.**

City

**St. Cloud**

**FL**

Zip Code

**34772**

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, 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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WOIDA, JOANNE**  
 CITY-ST-ZIP **1546 ELMWOOD AVE.  
 KISSIMMEE FL 34744**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6002 Renaissance Ct.**  
 CITY-ST-ZIP **St. Cloud, FL, 34772**

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

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

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

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

Date

**407-957-3909**

Daytime Phone #

CR2E034 (9/01)