

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 007 ***150.00

DOCUMENT # V07181

1. Entity Name

PRO CARE PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

**1201 N FEDERAL HWY.
 SUITE 2-B
 FT. LAUDERDALE FL 33304**

**1201 N FEDERAL HWY.
 SUITE 2-B
 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3852 SHERIDAN STREET

Suite, Apt. #, etc.

3. Mailing Address

3852 SHERIDAN STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. FEI Number

65-0307016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, ANNA B.
 1201 N FEDERAL HWY.
 FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

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

3852 SHERIDAN STREET

City

HOLLYWOOD

FL

Zip Code

33021

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

Anna B. Shapiro

ANNA B. SHAPIRO

4/24/01

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

TITLE **PST** ☐ Delete
 NAME **SHAPIRO, ANNA B.**
 STREET ADDRESS **1201 N FEDERAL HWY.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete
 NAME **SHAPIRO, ANNA B.**
 STREET ADDRESS **1201 N FEDERAL HWY.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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 **PST** ☒ Change ☐ Addition
 NAME **SHAPIRO, ANNA B.**
 STREET ADDRESS **3852 SHERIDAN STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
 NAME **SHAPIRO, ANNA B.**
 STREET ADDRESS **3852 SHERIDAN STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: *Anna B. Shapiro* **Anna B. Shapiro, President**

4/24/01

Date

954-989-5302

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

0242878