

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55089

1. Entity Name

ADVANCED PHYSICAL THERAPY, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90060 003 \*\*\*150.00

A0004798



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6050 BABCOCK STREET  
SUITE 5  
PALM BAY FL 32909  
US

6050 BABCOCK STREET  
SUITE 5  
PALM BAY FL 32909-3996  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3135926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANEY, GLEN E.  
200 S. HARBOR CITY BLVD.  
SPECTRUM CENTRE, SUITE 203  
MELBOURNE FL 32901

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	WILLS, BRUCE R.	
STREET ADDRESS	972 WHISPER OAK DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HAKKILA, CAROL J.	
STREET ADDRESS	3901 DIXIE HWY NE #204	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAKKILA, EDWARD F.	
STREET ADDRESS	3901 DIXIE HWY NE #204	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAKKILA-WILLIA, JEANNE M	
STREET ADDRESS	972 WHISPEROAK DR	
CITY-ST-ZIP	MELBORNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	972 WHISPEROAK DRIVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKKILA-WILLS, JEANNE M.
STREET ADDRESS	MELBOURNE FL 32901
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

321-676-2055

Daytime Phone #

CR2E034 (9/99)