

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003687

1. Entity Name

AMB PHYSICAL THERAPY SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90149 026 ***150.00

Principal Place of Business

Mailing Address

4445 HWY 40 E
SUITE 502
ST MARYS GA 31558

4445 HWY 40 E
SUITE 502
ST MARYS GA 31558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2113922

Applied For

Not Applicable

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

BESTOYONG, ARMINDA AND DAVID BESTOYONG
13228 EUCALYPTUS DR
JACKSONVILLE FL 32225

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPT
BESTOYONG, ARMINDA M
13228 EUCALYPTUS DR
JACKSONVILLE FL 32225 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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13228 EUCALYPTUS DR
JACKSONVILLE FL 32225 ☐ Delete

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMY M. BESTOYONG

Date

Daytime Phone #

4/26/00 (912) 8822222

CR2E034 (9/99)

F94000003687
A0059745
AMENDMENT TO ARTICLES OF INCORPORATION OF AMB
PHYSICAL THERAPY SERVICES, INC.

1.

AMB Physical Therapy Services, Inc., hereby amends its articles of incorporation to change the corporate name to "AMB PHYSICAL THERAPY AND REHABILITATION SERVICES, INC."

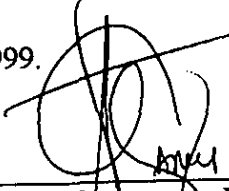
2.

The amendment to change the name was approved and adopted by the shareholders and Director of AMB Physical Therapy Services, Inc. on Thursday, April 1, 1999, in accordance with O.C.G.A. Sec. 14-2-1003.

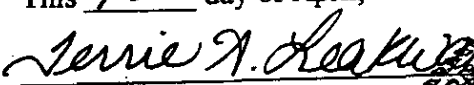
3.

The new name of the above captioned shall henceforth be "AMB PHYSICAL THERAPY AND REHABILITATION, INC."

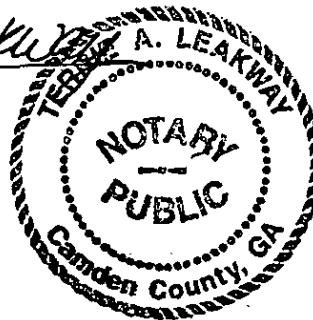
Dated this 1st day of April, 1999.


Arminda M. Bestoyong, President
AMB Physical Therapy Services, Inc.

Sworn to and subscribed to before me
This 1st day of April, 1999.


Notary Public

Notary Public, Camden County, Georgia
My Commission Expires Oct. 5, 2002



APR 19 3 01 PM '99
BSR
SECRETARY OF STATE

ANDREW A. TAYLOR
Attorney and Counselor
at Law
P.O. Box 5010
St. Marys, Georgia 31558
(912) 673-6097

STATE OF GEORGIA
COUNTY OF CAMDEN
CLERK'S OFFICE, SUPERIOR COURT

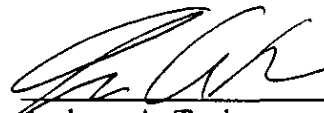
F94000003687
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AMENDED NOTICE OF TRADE NAME

Please be advised that AMB PHYSICAL THERAPY AND REHABILITATION SERVICES, INC. whose address is 4445 Highway 40 East, Suite 502, Saint Marys, Georgia 31558, is the owner of that certain business to be carried on at 4445 Highway 40 East, Suite 502, Saint Marys, Georgia 31558, under the trade name AMB PHYSICAL THERAPY SERVICES, INC.; and that the nature of said business is to be physical therapy.

This statement is made in conformity with O.C.G.A. §10-1-490 requiring the filing of such statement with the Clerk of the Superior Court of this county. This notice is being amended due to the fact that the previous notice of trade name had the incorrect nature of business listed.

This 21st day of October, 1999.



Andrew A. Taylor
Attorney for Registrant

P.O. Box 5010
St. Marys, Georgia 31558

STATE OF GEORGIA
COUNTY OF CAMDEN

Personally appeared before the undersigned officer Arminda M. Bestoyong, President, of AMB PHYSICAL THERAPY AND REHABILITATION SERVICES, INC., who being duly sworn, states under oath that the above and foregoing statement is true.



ARMINDA M. BESTOYONG

Sworn to and subscribed before me
this 21st day of October, 1999.


NOTARY PUBLIC

STATE OF GEORGIA

Notary Public, Camden County, Georgia
My Commission Expires Oct. 5, 2002

~ A. Taylor
& Counselor
at Law
P. O. Box 5010
Marys, GA 31558
(912) 673-6097

Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

F9400000368,
40059745
DOCKET NUMBER : K91130734
CONTROL NUMBER: K409644
EFFECTIVE DATE: 04/19/1999
REFERENCE : 0033
PRINT DATE : 04/23/1999
FORM NUMBER : 611

ANDREW A. TAYLOR
4445 HWY 40 EAST, SUITE 402
POST OFFICE BOX 5010
ST. MARYS GA 31558

CERTIFICATE OF NAME CHANGE AMENDMENT

I, Cathy Cox, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

AMB PHYSICAL THERAPY SERVICES, INC.
A DOMESTIC PROFIT CORPORATION


has filed articles of amendment in the office of the Secretary of State changing its name to

AMB PHYSICAL THERAPY AND REHABILITATION SERVICES, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.




CATHY COX
SECRETARY OF STATE

