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541-287-8511

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # K03710 1. Entity Name 04-11-2002 90670 032 ***150 00 STOFF REHABILITATION SERVICES, INC. Principal Place of Business Mailing Address 2801 MARTIN SQUARE CORP PKWY 2801 MARTIN SQUARE CORP PKWY STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 2801 S.E. MARTIN SOUADE CORPORATE PARIEMAY 2801 S.C. MARTEN SQUARE CORPURATE Suite, Apt. #, etc. Suite, Apt. #, etc. PARKWAY DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0012917 Not Applicable Country ----\$8.75 Additional 5. Certificate of Status Desired 34994-4916 34994-4916 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOFF, MARK DAVID PT Street Address (P.O. Box Number is Not Acceptable) 2801 MARTIN CORPORATE PARKWAY STUART FL 34994 City Zin 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PTD NAME STOFF, MARK DAVID PT NAME 2801 S.E. MARTON SOURCE CORPORATE PARKWAY STREET ADDRESS STREET ADDRESS 2801 MARTIN SQUARE CORP PKWY 34444-4916 CITY-ST-7IP CITY-ST-ZIP STUART FL 34994 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CANDELA, JOSEPH P STREET ADDRESS 3801 S.F. MARTON SQUARE CORPORATE PARKWAY STREET ADDRESS 2801 MARTIN SQUARE CORP PKWY 3499-4916 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP 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 rec<u>eiver</u> or trustee empoyered 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 attackment with an address

SIGNATURE