

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90113 018 ***150.00

DOCUMENT # L93246
 1. Entity Name
HAND REHABILITATION CENTER OF GAINESVILLE, INC.

Principal Place of Business 720 S.W. 2ND AVENUE SUITE 370 GAINESVILLE FL 32601	Mailing Address 720 S.W. 2ND AVENUE SUITE 370 GAINESVILLE FL 32607-2053
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business HAND REHABILITATION CENTER OF GAINESVILLE Suite, Apt. #, etc. Suite B City & State Gainesville, FL Zip 32607 Country USA	3. Mailing Address 611 NW 60th Street Suite, Apt. #, etc. Suite B City & State Gainesville, FL Zip 32607 Country USA
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4. FEI Number 59-3021507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLT, WENDY
 720 S.W. 2ND AVENUE
 SUITE 370
 GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
 Name **WENDY HOLT**
 Street Address (P.O. Box Number is Not Acceptable)
611 NW 60th Street
Suite B
 City **Gainesville** FL Zip Code **32607**

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 WENDY HOLT PRES. DATE 2/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, WENDY 8310 NW 4TH PLACE GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINIKOR, NANCY 6424 NW 85TH TERRACE GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE 2/23/00 DAYTIME PHONE # 352 331-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)