

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-03-2003 90034 003 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000117154**

1. Entity Name

EUSTIS REHABILITATION CENTER, INC



DO NOT WRITE IN THIS SPACE

55051149

2. Principal Place of Business

2818 SOUTH BAY ST

Suite, Apt. #, etc.

3. Mailing Address

2818 SOUTH BAY ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EUSTIS FLORIDA

City & State

EUSTIS FLORIDA

4. FEI Number

04-3762234

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32726

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Will B. Vitalis

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

P.O. BOX 551439/2745 MAKKA DR / 32839

City

Orlando

FL

Zip Code

32835

**DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

06/27/03

January 1, 2003 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **Director**
 NAME: **Kesly Civil**
 STREET ADDRESS: **11818 BENTREE ST, Orlando, FL 32826**
 CITY-ST-ZIP:

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
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 STREET ADDRESS: _____
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 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kesly Civil**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)