

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000004601**

1. Entity Name

REHABILITATION CONSULTANTS, P.A.

Principal Place of Business

**13685 DOCTOR'S WAY
202
FT MYERS FL 33912
US**

Mailing Address

**PO BOX 60013
FT MYERS FL 33906-6013
US**

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

65-0382275

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

**KINI, VIDYA P
13685 DOCTOR'S WAY
#202
FT MYERS FL 33912**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	KINI, VIDYA P	
STREET ADDRESS	13685 DOCTOR'S WAY #202	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROGGOW, DEBRA K DO	
STREET ADDRESS	13685 DOCTOR'S WAY #202	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALANG, KENNETH J MD	
STREET ADDRESS	13685 DOCTOR'S WAY #202	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1390 Royal Palm Square Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1390 Royal Palm Square Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1390 Royal Palm Square Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33919	
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 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 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

239-768-6464

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

02-19-2002 90098 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)