2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9400056048** Feb 23, 2000 8:00 am **Secretary of State** PHOENIX REHABILITATION CORPORATION 02-23-2000 90015 031 ***150.00 Principal Place of Business Mailing Address 1537 JOSEPH CIR 1537 JOSEPH CIR GULF BREEZE FL 32561-9132 GULF BREEZE FL 32561 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3260341 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUFER, MARK W Street Address (P.O. Box Number is Not Acceptable) 1537 JOSEPH CIR **GULF BREEZE FL 32561** Zip Code FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE Change GILLESPIE, LESLIE A NAME STREET ADDRESS 4646 AMBLEWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACCE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE LAUFER, MARK W NAME NAME STREET ADDRESS STREET ADDRESS 1537 JOSEPH CIR CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 'Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. I nereby 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.

CITY-ST-ZIP

SIGNATURE: Mark Laufur Mark Laufur 2/8/60 (850) 934-919

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/60 (850) 934-919

Date Date Desprine Phone #

CITY-ST-ZIP

CRZE034 (9/99)