

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90189 029 \*\*\*150.00

**DOCUMENT # P97000010646**

1. Entity Name  
**HEALTH REHAB PLUS, INC.**

Principal Place of Business

**8190 ROYAL PALM BLVD  
 STE 200  
 CORAL SPGS FL 33065  
 US**

Mailing Address

**8190 ROYAL PALM BLVD  
 STE 200  
 CORAL SPGS FL 33065  
 US**

2. Principal Place of Business

**1279 N. University Dr.**  
 Suite, Apt. #, etc. **N/A**

3. Mailing Address

**1279 N. University Dr.**  
 Suite, Apt. #, etc. **N/A**

City & State

**Coral Springs**

City & State

**Coral Springs**

4. FEI Number **65-0774692**

Applied For

Not Applicable

Zip

**33071**

Country

**us**

Zip

**33071**

Country

**us**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LIMEHOUSE, RICHARD  
 28 WIMBLETON LAKE DRIVE  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **N/A**  
 Street Address (P.O. Box Number is Not Acceptable) **N/A**  
 City **N/A** State **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 **Richard Limehouse** DATE **3/10/01**  
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, 2001 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	<b>PMT LIMEHOUSE, R 28 WIMBLETON LAKES DR PLANTATION FL 33324</b>	<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
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	<b>President</b>	<input checked="" 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
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

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: DATE **3/10/01** DAYTIME PHONE # **954-255-1515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)