2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/11

DOCUMENT #   P97000033545

1. Entity Name
KASHUBA REHAB, INC.

Principal Place of Business	Mailing Address
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA,	C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD	SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458	JUPITER FL 33458

2. Principal Place of Business
8895 N. Military TR.
Suite, Apt. #, etc.
Suite 101 E
City & State
Palm Beach Gardens
Zip 33410   Country Palm Beach

3. Mailing Address
8895 N. Military TR.
Suite, Apt. #, etc.
Suite 101 E
City & State
Palm Beach Gardens
Zip 33410   Country Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0777568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUMSON, RICHARD P ESQ.
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name DAVID E. KASHUBA
Street Address (P.O. Box Number is Not Acceptable) 708 NIGHTHAWK WAY
City NORTH PALM BEACH   FL   Zip Code 33408

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME KASHUBA, DAVID E		NAME	
STREET ADDRESS 708 NIGHTHAWK WAY		STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ SIGNATURE REQUIRED _____ 4.30.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #