

FILED

Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061995

1. Entity Name
FIRST CHOICE TREATMENT AND REHAB CENTER, INC.Principal Place of Business
4910 J CREEKSIDE DRIVE
CLEARWATER FL 33760
Mailing Address
4910 J CREEKSIDE DRIVE
CLEARWATER FL 33760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3732700

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'SHEA, JAMES
4644 LAKE IN THE WOODS DRIVE
SPRING HILL FL 34807

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 \$250.00
Make Check Payable to Department of Banking10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	P/S JAMES E O'SNEA 4644 LAKE IN THE WOODS DR SPRING HILL FLORIDA 34807
☐ Delete		☐ Change ☐ Addition	V.P./T John Picciang 9001 TAMiami TRAIL EAST NAPLES, FLORIDA 34113
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2002

Date

Daytime Phone #