

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000092466

FILED
Apr 04, 2003
Secretary of State

Entity Name: REHABILITATION CENTER OF ORLANDO, INC.

Current Principal Place of Business:

4555 HOFFNER ROAD
ORLANDO, FL 32812 US

New Principal Place of Business:

4555 HOFFNER AVENUE ROAD
ORLANDO, FL 32812 US

Current Mailing Address:

17150 COLLINS AV
SUITE 101-314
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

138 NE PALM COAST PKWY
SUITE 380
PALM COAST, FL 32137 US

FEI Number: 11-3649719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPING, CHRISTINA
17150 COLLINS AV
SUITE 101-314
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

COPPING, CHRISTINA
138 NE PALM COAST PKWY
SUITE 380
PALM COAST, FL 32137 US

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: CHRISTINA COPPING

04/04/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPPING, CHRISTINA
Address: 6815 N 32ND AVENUE
City-St-Zip: PHOENIX, AZ 85017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA COPPING

P

04/04/2003

Electronic Signature of Signing Officer or Director

Date