

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

03-26-2001 90016 009 ***150.00

0118639 AT

DOCUMENT # 616074

1. Entity Name

REHABILITATION CONSULTANTS OF PALM BEACH COUNTY,

Principal Place of Business

P. O. BOX 15087
 WEST PALM BEACH FL 33416

Mailing Address

P. O. BOX 15087
 WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1947175**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOMSON, PETER
27200 SW 162
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

Name

FRANK CIBULA
1551 FORUM PL S.W. 2000

City

FL

33401

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 **FRANK CIBULA ATN.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **TOMSON, LEE A**
 CITY-ST-ZIP **6174 SUMMIT BLVD.**
WEST PALM BEACH FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **L. A. Tomson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/01

DATE

561683 7250

Daytime Phone #

CR2E034 (5/01)

As per your Telephone Request This Date

[Signature]

STANDARD
.0011

REHABILITATION CONSULTANTS
OF PALM BEACH COUNTY, INC.
P.O. BOX 15087
WEST PALM BEACH, FLORIDA 33416

SUNTRUST BANK, SOUTH FLORIDA, N.A. C0037713 3558
RIVERBRIDGE OFFICE
GREENACRES, FLORIDA
63-607/670

March 20, 2001

\$150.00

9% DOLLARS

PAY
TO THE
ORDER OF

Florida Office of State

One Hundred Fifty and

AUTHORIZED SIGNATURE

MEMO

Corporate Tax Dept (Pre-Paid)

003558 067006076:0497002029669

0000015000

Attachment
Doc# 616074
HBL

Attachment
Doc# 6116074
76724

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAR 23 2001

2099 90166

MAR 24 01

BANK OF AMERICA, N.A. JAX
#0030000474-00300-00-000
03/26/01

6340728417

3100325070

PROCESSED 03/27/01
SOUTHEAST SERVICE CORP
MIAMI, FL