2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/16

FILED
Jun 27, 2003 8:00 am
Secretary of State
06-16-2003 90139 007 ****70.00

DOCUMENT # 703628

1. Entity Name
C C C PHYSICAL THERAPY CENTER, INC.

55049360

[redacted]

Principal Place of Business	Mailing Address
300 WEST MERRITT AVENUE MERRITT ISLAND FL 32953	300 WEST MERRITT AVENUE MERRITT ISLAND FL 32953

☐ CHECK HERE IF MAKING CHANGES

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 59-0976184 ☐ Applied For ☐ Not Applicable

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
SHEPHERD, TERRY 785 LARKVIEW STREET MERRITT ISLAND FL 32953	Name MONICA MAHANEY Street Address (P.O. Box Number is Not Acceptable) 464 MONITOR STREET City MERRITT ISLAND FL Zip Code 32952

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] MONICA MAHANEY 5-2-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ VICE President WILKINS, KAREN 1330 OAK STREET MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KAREN WILKINS 1330 OAK STREET MELBOURNE FL 32903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR BEARDALL, JAY 350 QUAIL DRIVE MERRITT ISLAND FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN LEWIS 364 myrtlewood ROAD MELBOURNE, FL 32940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR BONENBERGER, GREG 91 E. MERRITT ISLAND CSWY MERRITT ISLAND FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BRENDA FERNANDEZ 2555 Via Vittoria Ct. MERRITT ISLAND FL 32953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR ROAD, KAREN 4155 S. TROPICAL TRAIL MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATOR MONICA MAHANEY 464 Monitor St. MERRITT ISLAND FL 32952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD, TERRY 785 LARKVIEW STREET MERRITT ISLAND FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (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 617, 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] 5-2-03 321-452-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

55049900
#703628

COMMUNITY CARE & REHABILITATION CENTER
BOARD OF TRUSTEES AS OF 01/2003