

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

6/16

06-16-2003 90139 007 ****70.00

DOCUMENT # 703628

1. Entity Name

C C C PHYSICAL THERAPY CENTER, INC.



Principal Place of Business

**300 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953**

Mailing Address

**300 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953**

55049360

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

☐ CHECK HERE IF MAKING CHANGES

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 **VICE President** ☐ Delete
NAME **WILKINS, KAREN**
STREET ADDRESS **1330 OAK STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **KAREN WILKINS**
STREET ADDRESS **1330 OAK STREET**
CITY-ST-ZIP **MELBOURNE FL 32903**

TITLE **VTR** ☒ Delete
NAME **BEARDALL, JAY**
STREET ADDRESS **350 QUAIL DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **JOHN LEWIS**
STREET ADDRESS **364 MYRTLEWOOD ROAD**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **STR** ☒ Delete
NAME **BONENBERGER, GREG**
STREET ADDRESS **91 E. MERRITT ISLAND CSWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **BRENDA FERNANDEZ**
STREET ADDRESS **2555 VIA VITTOUA CT.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **TTR** ☐ Delete
NAME **ROAD, KAREN**
STREET ADDRESS **4155 S. TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **ADMINISTRATOR** ☐ Change ☒ Addition
NAME **MONICA MAHANEY**
STREET ADDRESS **464 Monitor St.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☒ Delete
NAME **SHEPHERD, TERRY**
STREET ADDRESS **785 LARKVIEW STREET**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-03

Date

Daytime Phone #

**321-452-
5446**

CR2E037 (10/02)

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

POSITION	NAME	ADDRESS	PHONE	E-MAIL
President	John Lewis	364 Myrtlewood Road Melbourne, FL 32940	(h) 720-1968 (f) 730-2971 (w) 853-4823 (c) 720-1968 (b) 232-1976	JLewis1600@earthlink.net
Vice President	Karen Wilkins	(w) 1330 Oak St. Melbourne, FL 32901 (h) 1048 Spanish Wells Drive Melbourne, FL 32940	(h) 253-2979 (w) 723-1840 (c) 480-4016 (w) 639-0277 R (f) 723-9053 (b) 676-8613 (b) 455-8133	(h) kswb1b@msn.com
Secretary	Brenda Fernandez	2555 Via Vittoria Court Merritt Island, FL 32953	(h) 454-3941 (c) 543-5406	(h) bmbme@bellsouth.net
Treasurer	Karen Rood	4155 S. Tropical Trail Merritt Island, FL 32952	*(h) 453-7904 (w) 631-8039 (c) 693-7904	(h) ksrood2@hotmail.com
Trustee	Greg Bonenberger	(w) 91 E. Merritt Island Cswy Merritt Island, FL 32952	*(h) 456-5712 (b) 638-9798 (w) 453-3370 (f) 452-1950	(w) bme@brevard.net
Trustee	Chris Davis	(w) 150 Fortenberry Rd. Villa A Merritt Island, FL 32952	(w) 452-5061 (f) 454-4441	(w) Cjd@bagepa.com
Trustee	Robert Hinkel	106 Memory Lane N.E. Palm Bay, FL 32907	(h) 727-7897 (w) 952-3410	N/A
Trustee	Joannie Johanesen	4485 Elliot Avenue Titusville, FL	(h) 268-0126 (c) 223-5391	N/A
Trustee	Eva Lewis	(w) Brevard County School Brd 2700 Judge Fran Jamieson Way Viera, FL 32940	(w) 633-1000 x521	(w) lewise@brevard.k12.fl.us
Trustee	Bill McGuire	869 York Town Drive Rockledge, FL 32955	(w) 255-0800 (b) 456-6481	(w) Prevent@metrolink.net
Trustee	John G. Wilkins (Jerry)	431' Shell Cove Drive Melbourne, FL 32940	(h) 751-2878	(h) Jgml1234@msn.com
Trustee	Gloria Williams	(w) 911 Osprey Drive Melbourne, FL 32940	(w) 255-1080 (h) 259-2051 (f) 253-9798 (c) 543-8584	(w) Gloriaremax@cfl.rr.com (b) 690-7161

Attachment

55049100
703628

***UNLISTED PHONE NUMBER**
(h) Home (w) Work (c) Cellular (f) Fax (b) beeper