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

## **DOCUMENT # 739412**

1. Entity Name

## FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHA BILITATION NURSES, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90357 006 \*\*\*\*61.25

DILITATIO	NY NOROLO, INC.		1	SOO WE THE						
Principal Plac	ce of Business	Mailing Address								
P.O. BOX 9161	195	P.O. BOX 916195								
LONGWOOD FL 32779		LONGWOOD FL 32779	LONGWOOD FL 32779							
	Place of Business	3. Mailing Address	`							
1.0.Bux 50290			P.O. Bux 50290							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			_ c	HECK HERE I	IF MAKING (	CHANGES		
City & Stat	house PT FL	City & State		د	4. FE! Number <b>59</b>	-1957071			oplied For ot Applicable	
Zip 33079	Country BRAWARD	39074	Count	iry ward	5. Certificate of Sta	tus Desired	□ <b>\$</b>	<b>8.75</b> Add se Require	ditional d	
6. Name and Address of Current Registered Agent					7. Name and Addr	ess of New Ro	egistered Ag	ent		]
Ψ.				Name						
FLETCHE			S		s (P.O. Box Number is N	ot Acceptable)	)			1
	E. 33RD STREET									-
LIGHTHO	DUSE POINT FL 33064									ı
				City			FL	Zip Cod	е	1
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8 The above	e named entity submits this statement for	or the nurnose of changing its	registered	office or regist	tered agent, or both, in th	he State of Flor		miliar with	and accept	-
	e named entity submits this statement fo tions of registered agent.	or the purpose of changing its	registered	office or regist	tered agent, or both, in the	he State of Flo		miliar with,	and accept	]
			•	,	tered agent, or both, in th	he State of Flo	- — rida. Tam far		and accept	
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the obligat		IND F	eren	her	tered agent, or both, in the	he State of Floa	- — rida. Tam far		and accept	
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the obligat	itions of registered agent.	and title if applicable. (NOT	E: Registered A	her gent signature requi	ired when reinstating)	Mal	rida. I am far	23 Payable	to	
the obligat	Signature, Apped or printed name of registered agent	and title if applicable. (NOT	E: Registered A	her gent signature requi	ired when reinstating)	Mal	rida. I am far	23 Payable	to	
the obligat	Signature, Apped or printed name of registered agent	and title if applicable. (NOT  9. Election Cal  Trust Fund (	E: Registered A	her gent signature requi	ired when reinstating)	Mal Florid	nida. I am far  DATE  ke Check la Departn	Payable	to State	
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the obligated SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS	Signature, Apped or printed name of registered agent  FILE NOW: FEE IS \$61.25  OFFICERS AND DIF  VPD  PERVIN, LISA 513-A 1ST STREET	and title if applicable. (NOT  9. Election Car Trust Fund (  RECTORS	E: Registered A mpaign Fin. Contribution  11. TITLE NAME STREET	ancing	\$5.00 May Be Added to Fees	Mal Florid	DATE  ke Check to Department of the Department o	Payable nent of S	to State	37 (10/02)
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12. Thereby 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.

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SD

COLE, HELEN

3430 DEBUSSY RD

JACKSONVILLE FL 32277

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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