

2000 UNIFORM BUSINESS REPORT (UBR)

535.00

0012831 AF

DOCUMENT # A27328

1. Entity Name
GULF COAST REHABILITATIVE SERVICES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 18 PM 1:05

Principal Place of Business
767 AIRPORT ROAD
PANAMA CITY FL 32405

Mailing Address
767 AIRPORT ROAD
PANAMA CITY FL 32405-4000



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2601014**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W.
833 HARRISON AVENUE
PANAMA CITY, FL FL 32401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$118,600.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GRACE, JOSEPH PATRICK	410 W 19TH STREET	PANAMA CITY FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MANER, THOMPSON	801 EAST 6TH STREET	PANAMA CITY FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MCARTHUR, W. ROLAND	406 WEST 19TH STREET	PANAMA CITY FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ORTEGA, VICTOR M.	801 EAST 6TH STRTEET	PANAMA CITY FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	TABAA, MUTAZ	2011 N. HARRISON AVE.	PANAMA CITY FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SEE SCRATCH PAD FOR ADDITIONAL GENERAL PARTNE	RS*	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	700003158307--6
STREET ADDRESS	-03/05/00--01096--012
CITY - ST - ZIP	****535.00 ****535.00
STREET ADDRESS	<i>rf 2/28/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LONGSAMUEL REQUIRED *[Signature]* **2-1-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **850-747-0400** Daytime Phone #

(69)(1)(100)