

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27328**

1. Entity Name  
**GULF COAST REHABILITATIVE SERVICES, LTD.**

FILED

02 FEB -7 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**767 AIRPORT ROAD  
PANAMA CITY FL 32405**

Mailing Address  
**767 AIRPORT ROAD  
PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number  
**59-2601014**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GRACE, JOSEPH PATRICK  
410 W 19TH STREET  
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANER, THOMPSON  
801 EAST 6TH STREET  
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

**7000004917537--8**

**-02/13/02--01110--001**

**\*\*\*\*\$35.00 \*\*\*\*\$35.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCARTHUR, W. ROLAND  
406 WEST 19TH STREET  
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ORTEGA, VICTOR M.  
801 EAST 6TH STRTEET  
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TABAA, MUTAZ  
2011 N. HARRISON AVE.  
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\*\*\*SEE SCRATCH PAD FOR A  
DDITIONAL GENERAL PARTNE  
RS\*\*\***

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2-1-2002 850-747-0400**

CR2E003 (9/01)