

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002763
1. Entity Name
 WASHINGTON SHORES REHAB, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 10 AM 8:56

Principal Place of Business
 3300 SOUTH HIAWASSEE ROAD, SUITE 107
 ORLANDO FL 32835

Mailing Address
 P.O. BOX 4961
 ORLANDO FL 32802-4961



2. Principal Place of Business
 800 N. HIGHLAND AVE
 SUITE 200
 ORLANDO, FL
 32803 USA

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

4. FEI Number 59-3547621
Applied For
☐ **\$8.75 Additional Fee Required**

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent
 B&C CORPORATE SERVICES OF CENT. FLA., INC.
 390 NORTH ORANGE AVENUE, SUITE 1100
 ORLANDO FL 32801

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$50.00
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 #	P98000104045		STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200
NAME	WASHINGTON SHORES REHAB, INC.		CITY - ST - ZIP	ORLANDO, FL 32803
STREET ADDRESS	3300 SOUTH HIAWASSEE ROAD, SUITE 107			
CITY - ST - ZIP	ORLANDO FL 32835			
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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: STEVEN G. GADSCOTT, PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 WASHINGTON SHORES REHAB, INC. G.P.
 3-1-00 407/297-1600
 Date Daytime Phone #