

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55527

1. Entity Name

ISLAND REHABILITATION & FITNESS CENTER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90095 032 ***150.00

Principal Place of Business

Mailing Address

19 BALD EAGLE DRIVE, SUITE #F
 MARCO ISLAND FL 33997 34145

19 BALD EAGLE DRIVE, SUITE #F
 MARCO ISLAND FL 34145-3580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2144382

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

CLAPPER, III, JOHN

~~3003 TAMiami TRAIL N., 2ND FLOOR~~
~~NAPLES FL 33940~~

new address

Name

Street Address (P.O. Box Number is Not Acceptable)

850 PARKSHORE DRIVE # 300

City NAPLES

FL

Zip Code 34103

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. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME FERNANDO, CHULANI
 STREET ADDRESS 19 BALD EAGLE DR., #F
 CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

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

TITLE VP
 NAME POISSANT, STEVEN
 STREET ADDRESS 19 BALD EAGLE DRIVE #F
 CITY-ST-ZIP MARCO ISLAND FL ☒ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Fernando
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

941-394-4135

Daytime Phone #

CR2E034 (9/99)