

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-15-2000 90014 038 ***158.75

DOCUMENT # F95000005017

1. Entity Name

REGENCY REHABILITATION ASSOCIATES, INC.

(P)

Principal Place of Business

10320 WATTERSON TR
 JEFFERSONTOWN KY 40299

Mailing Address

~~10320 WATTERSON TR~~ **PO Box 99815**
 JEFFERSONTOWN KY ~~40299-2574~~ **40269**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

61-1270211

Applied For

Not Applicable

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

~~QUALITY HEALTH OF SARASOTA COUNTY, INC.~~

~~6940 PAN-AMERICAN DR~~

~~N PORT FL 34287-3499~~

CORP AT NORTH PORT
13035 TAMIAHI TRAIL, STE A
NORTH PORT FL 34287

Name

CORP AT NORTH PORT

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

13035 TAMIAHI TRAIL

Suite, Apt. #, etc.

SUITE A

City

NORTH PORT

FL

Zip Code

34287

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

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

GABE GHAMMACHI

(NOTE: Registered Agent signature required when re-registering)

DATE

8-21-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP GHAMMACHI, GABE 10706 HELMSDALE LN LOUISVILLE KY 40243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Timothy A. Sturdivant
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

502-261-9815

Date

Daytime Phone #

CR2E034 (9/99)