

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001686

1. Entity Name

TOTAL REHAB SOLUTIONS, INC.



FILED

Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90007 034 ***550.00

Principal Place of Business

Mailing Address

~~241 NORMANDY RD.~~
~~MASSAPEQUA NY 11758~~

~~241 NORMANDY RD.~~
~~MASSAPEQUA NY 11758~~

2509 Monument Rd, Suite 205
Jacksonville, FL 32225

2. Principal Place of Business

2509 Monument Rd

3. Mailing Address

2509 Monument Rd

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Jacksonville

City & State

Jacksonville

Zip

Country

32225 Duval

Zip

Country

32225 Duval

6. Name and Address of Current Registered Agent

TAYLOR, THOMAS A
4958 LAUREL GREEN WAY E.
JACKSONVILLE FL 32225

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

Thomas A. Taylor Thomas A. Taylor, President

9/8/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PS ☐ Delete
NAME TAYLOR, THOMAS A
STREET ADDRESS 4958 LAUREL GREEN WAY E.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME Jerry F. Taylor
STREET ADDRESS 2705 Bay Pointe Circle N.
CITY-ST-ZIP Memphis, TN. 38128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Thomas A. Taylor Thomas A. Taylor

9/8/00

Date

Daytime Phone #

(904) 571-3226

CR2E034 (5/00)