

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24624

1. Entity Name

SOUTHWEST FLORIDA REHABILITATION CENTER, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90081 010 ***150.00

Principal Place of Business	Mailing Address
800 GOODLETTE RD STE 140 NAPLES FL 33940 US	90 CYPRESS WAY EAST STE 65 NAPLES FL 34110-9275 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		90 CYPRESS WAY EAST	
City & State		City & State	
Zip	Country	Zip	Country
34102			



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-2262177		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	
COLLINS, GREGORY A. 4324 SILVER FOX DR. NAPLES FL 33999		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code 34119	

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 DATE

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

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	COLLINS, GREGORY A.	NAME	GREGORY A. COLLINS
STREET ADDRESS	4324 SILVER FOX DR.	STREET ADDRESS	4324 SILVER FOX DRIVE
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V	TITLE	V
NAME	COLLINS, ANGELA V.	NAME	ANGELA V. COLLINS
STREET ADDRESS	4324 SILVER FOX DR.	STREET ADDRESS	4324 SILVER FOX DRIVE
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES, FL 34119
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)