


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90174 021 ***150.00

DOCUMENT # G54257

1. Entity Name
CENTRAL FLORIDA CLINIC FOR REHABILITATION, INC.



Principal Place of Business
**1570 N. MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429
US**

Mailing Address
**1570 N. MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429
US**



2. Principal Place of Business
255 SE 7th AVENUE

3. Mailing Address
255 SE 7th AVENUE

Suite, Apt. #, etc.
SUITE #2

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

Zip Country
34429 USA

Zip Country
34429 USA

4. FEI Number **59-2320379**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, MADELINE G.
1570 N. MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name **BROWN, MADELINE G.**

Street Address (P.O. Box Number is Not Acceptable)
255 SE 7th AVENUE

SUITE #2

City **CRYSTAL RIVER FL** Zip Code **34429**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Madeline Brown DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, MADELINE	
STREET ADDRESS	1570 N. MEADOWCREST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHRISTOPHER S.	
STREET ADDRESS	1570 N. MEADOWCREST BLVD.	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MADELINE G	
STREET ADDRESS	255 SE 7th AVENUE SUITE #2	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHRISTOPHER S.	
STREET ADDRESS	255 SE 7th AVENUE SUITE #2	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF MADELINE G. BROWN **3/14/03** **352 795 4114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)