

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00813

1. Entity Name

SOUTHEASTERN HAND REHABILITATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90026 001 \*\*\*150.00

Principal Place of Business

Mailing Address

6100 KENNERLY RD  
STE. 203  
JACKSONVILLE FL 32216  
US

6100 KENNERLY RD  
SUITE 203  
JACKSONVILLE FL 32216-4345  
US

2. Principal Place of Business

3. Mailing Address

3040 POST OAK BLVD.

3040 POST OAK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 222

SUITE 222

City & State

City & State

HOUSTON, TEXAS

HOUSTON, TEXAS

Zip

Country

Zip

Country

77056

USA

77056

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2396997

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

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLANDS ROAD  
PLANTATION FL 33324

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

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 ☐ Delete  
NAME CD  
STREET ADDRESS KOSBERG, LIVINGSTON J.  
CITY-ST-ZIP 3040 POST OAK BLVD., SUITE 222  
HOUSTON TX

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS SPRADLIN, ROY W.  
CITY-ST-ZIP 3040 POST OAK BLVD., SUITE 222  
HOUSTON TX

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROOKNER, MARK J.  
CITY-ST-ZIP 3040 POST OAK BLVD., SUITE 222  
HOUSTON TX

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MULLIN, MICHAEL J  
CITY-ST-ZIP 3040 POST OAK BLVD., STE. 222  
HOUSTON TX

TITLE ☒ Change ☐ Addition  
NAME J. MICHAEL MULLIN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LANG, MICHAEL  
CITY-ST-ZIP 3040 POST OAK BLVD., STE. 222  
HOUSTON TX

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

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS FLATO, DOROTHY  
CITY-ST-ZIP 3040 POST OAK BLVD., STE. 222  
HOUSTON TX

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:

*Dorothy Flato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 713-297-7015

CR2E034 (9/99)