

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00813

1. Entity Name

SOUTHEASTERN HAND REHABILITATION, INC.

Principal Place of Business

Mailing Address

3040 POST OAK BLVD  
SUITE 222  
HOUSTON TX 77056  
US

3040 POST OAK BLVD  
SUITE 222  
HOUSTON TX 77056  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KOSBERG, LIVINGSTON J.	
STREET ADDRESS	3040 POST OAK BLVD., SUITE 222	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPRADLIN, ROY W.	
STREET ADDRESS	3040 POST OAK BLVD., SUITE 222	
CITY-ST-ZIP	HOUSTON TE	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKNER, MARK J.	
STREET ADDRESS	3040 POST OAK BLVD., SUITE 222	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULLIN, J. MICHAEL	
STREET ADDRESS	3040 POST OAK BLVD., STE. 222	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, MICHAEL	
STREET ADDRESS	3040 POST OAK BLVD., STE. 222	
CITY-ST-ZIP	HOUSTON TX	
TITLE	TS	<input type="checkbox"/> Delete
NAME	FLATO, DOROTHY	
STREET ADDRESS	3040 POST OAK BLVD., STE. 222	
CITY-ST-ZIP	HOUSTON TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JEFFREY H. FROST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3040 POST OAK BLVD., SUITE 222	
STREET ADDRESS	HOUSTON, TX 77056	
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		
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		

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

DOROTHY FLATO

1/9/01

(713) 297-7015

Daytime Phone #

CR2E034 (10/00)

0570111

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90048 043 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE