

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN -9 AM 11:43

DOCUMENT # J65816

1. Entity Name

Rehabworks, Inc

Principal Place of Business

910 Ridgebrook Rd
Sparks, MD 21152

Mailing Address

910 Ridgebrook Rd
Sparks, MD 21152

2. Principal Place of Business

910 Ridgebrook Rd
Suite, Apt. #, etc.

3. Mailing Address

910 Ridgebrook Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sparks

City & State

Sparks MD

4. FEI Number

59-2844714

Applied For

Not Applicable

Zip

21152

Country

Zip

21152

Country

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

6. Name and Address of Current Registered Agent

National Corporate Research, LTD
1406 Hays Street, Suite #2
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/2/03
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 NAME ☐ Delete

President
Sally Weisberg
910 Ridgebrook Rd
Sparks MD 21152

TITLE NAME ☐ Delete

Vice President
Melissa Warlow
910 Ridgebrook Rd
Sparks MD 21152

TITLE NAME ☐ Delete

Secretary
Marc B. Levin
910 Ridgebrook Rd
Sparks, MD 21152

TITLE NAME ☐ Delete

Treasurer
Eileen Erstad
910 Ridgebrook Rd
Sparks MD 21152

TITLE NAME ☐ Delete

VP
Mark Fulchino
910 Ridgebrook Rd
Sparks MD 21152

TITLE NAME ☐ Delete

Director
Marshall A. Elkins
910 Ridgebrook Rd
Sparks MD 21152

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
600004784586--6
-01/18/02--01053--019
****550.00 ****550.00

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-02

410-773-1176

Date

Daytime Phone #

CR2E034 (11/00)