

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90126 028 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # J67196
1. Entity Name
THE REHABILITATION & HUMAN PERFORMANCE CENTER, INC.

Principal Place of Business **Mailing Address**
4820 NEWBERRY RD **600-B NW 43RD ST**
GAINESVILLE, FL 32607 **GAINESVILLE, FL 32607**

2. Principal Place of Business **3. Mailing Address**
4820 NEWBERRY RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
GAINESVILLE, FL 32607
Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
59-2798616 **Not Applicable**

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

6. Name and Address of Current Registered Agent
CARPENTER, RONALD A.
5608 NW 43RD ST.
GAINESVILLE, FL 32606

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) **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
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
NAME	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: Joseph D Cirulli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date Daytime Phone #

CR2E034 (1/1/00)