

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90083 011 \*\*\*150.00

**DOCUMENT # K03710**

1. Entity Name

**STOFF REHABILITATION SERVICES, INC.**

Principal Place of Business

% MARK DAVID STOFF PT  
 309 E OSCEOLA ST STE 107  
 STUART FL 34984-2249  
 US

Mailing Address

% MARK DAVID STOFF PT  
 309 E OSCEOLA ST STE 107  
 STUART FL 34994-2249  
 US

2. Principal Place of Business

2801 MARTIN SQUARE CORP. PKWY.  
 Suite, Apt. #, etc.  
 N/A

3. Mailing Address

2801 MARTIN SQUARE CORP. PKWY.  
 Suite, Apt. #, etc.  
 N/A

City & State

STUART FLORIDA

City & State

STUART FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-0012917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STOFF, MARK DAVID PT  
 309 E OSCEOLA ST STE 107  
 STUART FL 34994

7. Name and Address of New Registered Agent

Name: ~~STOFF~~ MARK DAVID P.T.  
 Street Address (P.O. Box Number is Not Acceptable):  
 2801 MARTIN SQUARE CORPORATE PARKWAY  
 City: STUART FL Zip Code: 34994

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	D	<input type="checkbox"/> Delete
NAME	STOFF, MARK DAVID PT	
STREET ADDRESS	309 E OSCEOLA ST STE 107	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONDELA, JOSEPH P	
STREET ADDRESS	309 E OSCEOLA ST #107	
CITY-ST-ZIP	STUART FL 34994-2251	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFF MARK DAVID P.T.	
STREET ADDRESS	2801 MARTIN SQUARE CORPORATE PARKWAY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDELA, JOSEPH P.	
STREET ADDRESS	2801 MARTIN SQUARE CORPORATE PARKWAY	
CITY-ST-ZIP	STUART, FL 34994	
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:

MARK D STOFF

Date

Daytime Phone #

CR2E034 (10/00)