

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78214

1. Entity Name

KINGS POINT REHABILITATION CENTER, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90924 048 ***158.75

0314942

Principal Place of Business
15210 CARTER RD., STE. D-1
DELRAY BEACH FL 33446
US

Mailing Address
15210 CARTER RD., STE. D-1
DELRAY BEACH FL 33446
US

1 2 3 4 5 6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 6573
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6573
Suite, Apt. #, etc.

City & State
Delray Beach FL
Zip
33482-6573
Country
USA

City & State
Delray Beach FL
Zip
33482-6573
Country
USA

4. FEI Number 65-0112294
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WARKE, VERONICA
3049 NAUTICAL WAY
LAKE WORTH FL 33462

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 STREET ADDRESS CITY-ST-ZIP	V WARKE, VERONICA 3926 LOWSON BLVD. DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHACHTMAN, MAUREEN 495 PIEDMONT K DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRISAN, OLIVER 15210 CARTER RD., STE. D-1 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISAN, OLIVER 15200 JOG ROAD C-4 DELRAY BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISAN, OLIVER P.O. Box 6573 Delray Beach, FL 33482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST P.O. Box 6573 Delray Beach, FL 33482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P P.O. Box 6573 Delray Beach, FL 33482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/19/01
Date

Daytime Phone #

CR2E034 (10/00)