

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L35790**

1. Entity Name

REHAB TECHNOLOGIES, INC.**FILED****Apr 04, 2000 8:00 am**
Secretary of State

04-04-2000 90098 004 ***150.00

Principal Place of Business

Mailing Address

712 E ALSOBROOK
SUITE 1
PLANT CITY FL 33566
US712 E ALSOBROOK
STE 1
PLANT CITY FL 33566-6800
US**633097**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3207 THACKERAY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL4. FEI Number **59-2978491**

Applied For

Not Applicable

Zip

Country

33567

Country

USA5. 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

HOGAN, W. HART
712 E. ALSOBROOK ST
STE 1
PLANT CITY FL 33566

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPC	HOGAN, W HART	3207 THACKERY WAY	PLANT CITY FL						
	DST	HOGAN, CHARLENE H	3207 THACKERY WAY	PLANT CITY FL						

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 *Charlene H. Hogan* **CHARLENE H. HOGAN** **3/30/00** **813-752-6469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)