

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37212

1. Entity Name

CENTRAL FLORIDA PHYSICIAN'S REHAB CENTER, P.A.

Principal Place of Business

1651 N SEMORAN BLVD
ORLANDO FL 32807
US

Mailing Address

1651 N SEMORAN BLVD
ORLANDO FL 32807-3542
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2981388

Applied For

Not Applicable

5. 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

MCCLELLAND, CLIFTON A
700 S BABCOCK ST STE 400
MELBOURNE FL 32901

ADDRESS UPDATE

Name

CLIFTON A. MCCLELLAND

Street Address (P.O. Box Number is Not Acceptable)

C/O HOLLAND & KNIGHT LLP

1499 S. HARBOR CITY BLVD, SUITE 201

City

MELBOURNE

FL

Zip Code

32901

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 State

10. 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 ☐ Delete
NAME D
STREET ADDRESS DAVIDSON, KARL M
CITY-ST-ZIP 473 FLETCHER PLACE
WINTER PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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

Director, Karl M Davidson

12 April 2000 Date

407 823 7250 Daytime Phone

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90066 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)