

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90105 006 \*\*\*150.00

**DOCUMENT # L37212**

1. Entity Name  
**CENTRAL FLORIDA PHYSICIAN'S REHAB CENTER, P.A.**



Principal Place of Business  
**1651 N SEMORAN BLVD  
SUITE 200  
ORLANDO FL 32807  
US**

Mailing Address  
**1651 N SEMORAN BLVD  
SUITE 200  
ORLANDO FL 32807  
US**

2. Principal Place of Business

**1417 N. Semoran Blvd  
Suite 106**

City & State  
**Orlando FL**

Zip  
**32807**

Country

3. Mailing Address

**1417 N. Semoran Blvd.  
Suite 106**

City & State  
**Orlando FL**

Zip  
**32807**

Country



☒ CHECK HERE IF MAKING CHANGES

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

**MCCLELLAND, CLIFTON A  
C/O HOLLAND & KNIGHT LLP  
1499 SOUTH HARBOR CITY BLVD SUITE 201  
MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DAVIDSON, KARL M**  
STREET ADDRESS **473 FLETCHER PLACE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Karl M. Davidson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-823-7222**

CR2E034 (10/02)