

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90091 049 \*\*\*150.00

0381016 AV

**DOCUMENT # L49453**

1. Entity Name  
**PREMIER REHABILITATION SERVICES, INC.**

Principal Place of Business  
**7901 MANOR FOREST LANE**  
**BOYNTON BEACH FL 33436**  
**US**

Mailing Address  
**7901 MANOR FOREST LANE**  
**BOYNTON BEACH FL 33436**  
**US**

BU031036



DO NOT WRITE IN THIS SPACE

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	<b>65-0173859</b>	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

**6. Name and Address of Current Registered Agent**

**D'AGOSTINO, JOAN R.**  
**7539 GREEN LAKE WAY, F**  
**BOYNTON BEACH FL 33436**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>VSD</b> <b>D'AGOSTINO, JOAN R.</b> <b>7901 MANOR FOREST LANE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>PTD</b> <b>D'AGOSTINO, JOAN R.</b> <b>7901 MANOR FOREST LANE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: Joan R. D'Agostino **Joan R. D'Agostino** Feb 8, 2002 561-641-0276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)