

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83422

1. Entity Name

INEX, THERAPEUTIC AND REHABILITATIVE SERVICES, P

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90222 001 ***150.00

Principal Place of Business

Mailing Address

14 W JORDAN STREET
SUITE K
PENSACOLA FL 32501
US

14 W JORDAN STREET
SUITE K
PENSACOLA FL 32501-1736
US

2. Principal Place of Business

4501 N. Davis Hwy.
Suite, Apt. #, etc.
B

3. Mailing Address

2777 Gulf Breeze Pkwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Gulf Breeze, FL

4. FEI Number

59-3021259

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32561

Country

USA

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

VAN MATRE, THOMAS G.
4300 BAYOU BLVD.
S-16
PENSACOLA FL 32503

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 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	PD	<input type="checkbox"/> Delete
NAME	RONAN, KEVIN	
STREET ADDRESS	3365 ROMMITCH COURT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, R. DON	
STREET ADDRESS	4470 CHULA VISTA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONAN, VICKI	
STREET ADDRESS	3365 ROMMITCH CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ELIZABETH	
STREET ADDRESS	4470 CHULA VISTA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Shirley A. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)