

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90242 037 \*\*\*150.00

**DOCUMENT # M32919**

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

**Principal Place of Business**

**4300 WASHINGTON RD**  
**W PALM BEACH FL 33405**  
**US**

**Mailing Address**

**4300 WASHINGTON RD**  
**W PALM BEACH FL 33405**  
**US**

**2. Principal Place of Business**

**1717 N. Flagler Dr.**

**3. Mailing Address**

**1717 N. Flagler Dr**

Suite, Apt. #, etc.

**Suite 8**

Suite, Apt. #, etc.

**# 8**

City & State

**West Palm Beach, FL**

City & State

**West Palm Bch, FL**

Zip

**33407**

Country

**USA**

Zip

**33407**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **NOT-APPLICABLE**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**MARCELLE, MILLER**  
**4300 WASHINGTON RD.**  
**W. PALM BCH FL 33405**

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

Name  
**Miller, Marcelle M.J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1717 N. Flagler Dr. Suite 8**  
 City **West Palm Beach FL** Zip Code **33407**

**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: Marcelle Miller Marcelle Miller April 16, 2002  
 Signature, type 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, 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**

TITLE **P** ☐ Delete  
 NAME **MILLER, PADGETT JR**  
 STREET ADDRESS **4300 WASHINGTON RD.**  
 CITY-ST-ZIP **WEST PALM BCH FL 33405**

TITLE **SD** ☐ Delete  
 NAME **MILLER, MARCELLE MJ**  
 STREET ADDRESS **4300 WASHINGTON RD.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Miller, Padgett Jr.**  
 STREET ADDRESS **1717 N. Flagler Dr. Suite 8**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Miller, Marcelle M.J.**  
 STREET ADDRESS **1717 N. Flagler Dr. Suite 8**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

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

TITLE ☐ Change ☐ 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: Marcelle Miller  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 16, 2002 561-338-9159  
 Date Daytime Phone #

CR2E034 (9/01)