## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32801

210 S LAKE AVENUE SUITE 200

## DOCUMENT # N0100002568

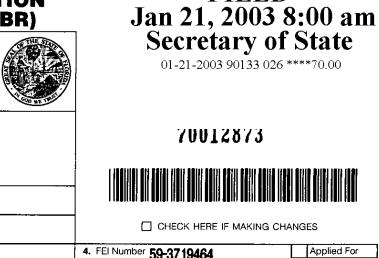
1. Entity Name

ORLANDO FL 32801

Principal Place of Business

210 S LAKE AVENUE SUITE 200

TOWERS REHABILITATION SERVICES, INC.



**FILED** 

						II PALENIA PA		
2. Principal f	Place of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3719464		oplied For	
Zip Country Z		Zip	ip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	t Registered Agent		7. Name and Addre	ss of New Registered Ag	•		
LEWIS, RICHARD E 300 EAST CHURCH STREET ORLANDO FL 32801			Name Street Addre	Name  Street Address (P.O. Box Number is Not Acceptable)				
Onemo	0 12 32301		City		FL	Zip Cod	e	
the obligat	tions of registered agent.  Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature req	ulred when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 Ma Added to Fe		Make Check Payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
TITLE Name Street adoress City-St-Zip	D FULMER, MACK 1141 WINDSONG ROAD ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ן	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, WILLIAM E 9955 LAKE GEORGIA DRIVE ORLANDO FL 32817	☐ Delete	TITLE NAME STREET ADDRESS "CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, ROBERT 909 SWEETBRIAR ROAD ORLANDO FL 32806	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	☐ Change	Addition	
IITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Ć	Change	☐ Addition	

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 617, 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.

CITY-ST-ZIP

**SIGNATURE:** 

1/17/03 407-657-4090