## FILED Jul 14, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (			
DOCUMENT # NOOOOOOO	7	40	Œ.

1. Entity Nan	MENT # NO2000 HOPE AND REHABILITATION		01-30-2003 9011′	7 024 ****	61.25					
Principal Place of Business Mailing Address					7					
	CHMAN ROAD STE A	2123 NE COACHMAN ROAD	STE A			55	05128	5		
CLEARWATER FL 33765 CLEARWATER FL 33765					}	99	03150	•		
						ud. gdn. 25tg. 25tg. conti.b.	et .			
	pal Place of Business 3. Mailing Address			***************************************						
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.			٠	Check here if Makii	NO CHANGES				
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TAMPA		City & State		. •	4. FEI Number	89935	<del>         </del>	oplied For ot Applicable	:-	
· Zip	Country	Zip	Country ~~	- A	5. Certificate of St	'E	\$8.75 AG	ditional	┦ -	
3360	O HILLS BORDUCH  6. Name and Address of Current F	tegletered Agent	<del></del>		<u> </u>	ress of New Registere	Fee Require	nd .	4	
<del></del>	o. Hante alle Meares di Carront P	adiomas Marie	Name		, 11 Hame 610 Max	roos or now riogram	- Agent		† -	
	HOMAS C ESQ		Street A	Address (	(P.O. Box Number is N	Not Acceptable)		<del></del> -	-	
	COACHMAN ROAD STE A								┦`	
CLEARW	ATER FL 33765									
			City			F	L Zip Cod	le		
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r register	red agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	7	
als conge	tona orragistorea agent.								1	
SIGNATURE									}	
	Signature, typed or printed name of registered egent ar	nd tide if applicable. (NOTE:	Registered Agent signs	iura required	d when reinstating)	DATE			]	
FILE NOW: FEE IS \$61.25  9. Election Campaign Fir Trust Fund Contribution					\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable ertment of S			
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGI	S TO OFFICERS AND I	DIRECTORS IN	1 10	-	
TITLE	PST	☐ Delete	TITLE		ST		Change	Addition	ଞ୍ଚି	
NAME CTREET LOCOTOR	LITTLE, THOMAS C		NAME STREET ADDRESS		ITTLE, THO				5	
STREET ADDRESS CITY-ST-ZIP	2123 NE COACHMAN ROAD STE CLEARWATER FL 33765	Α	CITY-ST-ZIP			chman Road	, Ste A	Ą	337	
TITLE	ODD THINK CONTO	☐ Delete	TITLE		learwater, DP	<del>-11-33/65</del>	☐ Change	Addition	CR2E037 (10/02)	
NAME			NAME		MARTINO, V	VILLIAM			10	
STREET ADDRESS CITY-ST-ZIP	والمه الروايسية المسيوميرة و		STREET ADDRESS CITY-SI-ZIP		5010 N 401		• • •		-	
TITLE	·	☐ Detete	TITLE	<del>                                     </del>	TAMPA, FL	33010	☐ Change	Addition	1	
- NAME -			NAME	) رحمت إ	GIORGIONE,	DAVID			1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		16805 US 1 Clearwater					
TITLE		☐ Delixie	TITLE	<del>ا _ `</del>	<u>rearware r</u>	7 En 33/04	☐ Change	Addition	1	
NAME			NAME	[						
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NAME		The profession of	NAME			•	Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS		•	:			ĺ	
CITY-ST-ZIP	pertify that the information ounglied with	Sis filling does not available for the	CITY-ST-ZIP	ad in So	ction 119 07/3V/\(\text{Class}\)	rida Statutas I funksis s	ortific that the - '-	tormetia	ł	
12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.D7(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental reports 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 trusped impowered to execute this report are required by shapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an oddress, with all other like empowered.										
SIGNATURE: 5/GIGDUSE (ESTOCKET) / 1/0 727-443-578										
	SIGNATURE AND DIFED OR PRI	YTED NAME OF BIGHING OFFICER OF	DIRECTOR			)ale	Daytime Phone #			