

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 91370 031 ***61.25

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DOCUMENT # N02000007307

1. Entity Name

**INDEPENDENT CLINICAL REHABILITATION RESEARCH, IN
C.**



Principal Place of Business

**3837 SOUTHSIDE BLVD. STE 6
JACKSONVILLE FL 32216**

Mailing Address

**3837 SOUTHSIDE BLVD. STE 6
JACKSONVILLE FL 32216**

55045693



☐ CHECK HERE IF MAKING CHANGES

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

81-0590525

Applied For

Not Applicable

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

**SAFER, ELIOT J ESO
10110 SAN JOSE BLVD
JACKSONVILLE FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	MUENZ, JOHN A JR, MD	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DONALD	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYFIELD, CLIFFORD	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGARTY, DON	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MUENZ, LAURIE K	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, GEORGE I	
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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

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, without other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 APRIL 2003 904-997-1701

CR2E037 (10/02)