

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000420

1. Entity Name

PMM REHABILITATION, INC.

Principal Place of Business

Mailing Address

1100 E. FOWLER AVE.
TAMPA FL 33617

5450 BEECAVE ROAD
BLDG 3-D
AUSTIN TX 78731-1116
US

2. Principal Place of Business

10500 UNIVERSITY CENTER DR.
Suite, Apt. #, etc. # 150

3. Mailing Address

4901 GREYSTONE DR
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

AUSTIN TX

4. FEI Number

59-3161797

Applied For

Not Applicable

Zip

33612

Country

FLORIDA

Zip

78731

Country

TEXAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNDON, NEWLIN C
10500 UNIVERSITY CENTER DR #150
TAMPA FL 33612

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME HERNDON, NEWLIN C
STREET ADDRESS 5450 BEECAVE RD BLDG 3-D
CITY-ST-ZIP AUSTIN TX

TITLE D ☐ Delete
NAME FISH, RICHARD L
STREET ADDRESS 3006 WASHINGTON SQUARE
CITY-ST-ZIP AUSTIN TX 78705

TITLE D ☐ Delete
NAME FISH, JANE A
STREET ADDRESS 3006 WASHINGTON SQUARE
CITY-ST-ZIP AUSTIN TX 78705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4901 GREYSTONE DR.
CITY-ST-ZIP AUSTIN, TX 78731

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

NEWLIN C. HERNDON

1/7/00 512-349-2878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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

01-18-2000 90156 030 ****61.25

900471



DO NOT WRITE IN THIS SPACE