

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007667**

Entity Name

SOUTHERN REHABILITATIVE SERVICES, INC.**FILED****May 18, 2000 8:00 am**
Secretary of State

04-18-2000 90239 003 ****61.25

Principal Place of Business

Mailing Address

MILTON ST.
AUGUSTINE FL 32095-2114**6 MILTON ST.**
ST. AUGUSTINE FL 32095-2114

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511618

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PIERCE, THOMAS D LMHC
6 MILTON ST.
ST. AUGUSTINE FL 32095-2114

3. 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 \$61.259. 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	PTD	<input type="checkbox"/> Delete
NAME	PIERCE, THOMAS D	
STREET ADDRESS	6 MILTON ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095-2114	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	PIERCE, NATALIE P MS.	
STREET ADDRESS	6 MILTON ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095-2114	

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, ROBERT H MPT	
STREET ADDRESS	8787 SOUTHSIDE BLVD. 918	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS D. PIERCE

Date

Daytime Phone #

904 829 8108

CH2E037 (9/99)