

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # N99000007667

1. Entity Name

SOUTHERN REHABILITATIVE SERVICES, INC.

FILED

Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90038 042 ****61.25

Principal Place of Business

6 MILTON ST.
ST. AUGUSTINE FL 32095-2114

Mailing Address

6 MILTON ST.
ST. AUGUSTINE FL 32095-2114

2. Principal Place of Business

213 MADISON ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 3674

Suite, Apt. #, etc.

City & State

PALATKA FL

City & State

ST AUGUSTINE FL

Zip

32177

Country

Putnam

Zip

32085

Country

US

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PIERCE, THOMAS D 6 MILTON ST. ST. AUGUSTINE FL 32095-2114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIERCE, NATALIE P MS. 6 MILTON ST. ST. AUGUSTINE FL 32095-2114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT H MPT 8767 SOUTHSIDE BLVD. 918 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12137 LAKE FIERN DR JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

Daytime Phone #

CR2E037 (10/00)