

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001279

1. Entity Name

DIAGNOSTIC & REHAB SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5066
SPRING HILL FL 34654

P.O. BOX 5066
SPRING HILL FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34611

34611

6. Name and Address of Current Registered Agent

4. FEI Number

59-3617001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Dr. Adrian Medina

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

8468 Northcliffe Blvd.

City

Spring Hill

FL

Zip Code

34611

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SKAGGS, ELAINE
STREET ADDRESS 9615 JASEMINE BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dr. Adrian Medina
NAME
STREET ADDRESS 8468 Northcliffe Blvd.
CITY-ST-ZIP Spring Hill, FL 34611 ☒ Change ☐ Addition

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Dr. Adrian Medina 4-10-01 352-683-0416

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90267 001 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)