

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004367

1. Entity Name
BAY AREA INJURY REHAB SPECIALIST, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90308 023 ***158.75

Principal Place of Business
718 W. M.L.K. BLVD., STE. 200
TAMPA FL 33603

Mailing Address
718 W. M.L.K. BLVD., STE. 200
TAMPA FL 33603

2. Principal Place of Business
7171 N. Dale Mabry
Suite, Apt. #, etc.
Suite 503

3. Mailing Address
7171 N. Dale Mabry
Suite, Apt. #, etc.
Suite 503

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33614 USA

Zip Country
33614 USA

4. FEI Number
59-1426781

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, MIKE
718 W. M.L.K. BLVD., STE. 200
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name: Randolph J. Wolfe
Street Address (P.O. Box Number is Not Acceptable)
100 North Tampa Street
Suite 2700
City: Tampa FL Zip Code: 33602

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 Randolph J. Wolfe Randolph J. Wolfe, Registered Agent 4/22/01
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 ☒ Delete
NAME D
STREET ADDRESS MEADOWS, WILLIAM
CITY-ST-ZIP 718 W. M.L.K. BLVD., STE. 200
TAMPA FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME D/P
STREET ADDRESS Frederick J. McClimans, D.O.
CITY-ST-ZIP 7171 N. Dale Mabry, Suite 503
Tampa, FL 33614

TITLE ☐ Change ☒ Addition
NAME D/VP
STREET ADDRESS Lawrence E. Shepard, D.O.
CITY-ST-ZIP 7171 N. Dale Mabry, Suite 503
Tampa, FL 33614

TITLE ☐ Change ☒ Addition
NAME D/T
STREET ADDRESS Robert H. Morgenroth
CITY-ST-ZIP 7171 N. Dale Mabry, Suite 503
Tampa, FL 33614

TITLE ☐ Change ☒ Addition
NAME D/S
STREET ADDRESS Carolyn Conrad Meadows
CITY-ST-ZIP 7171 N. Dale Mabry, Suite 503
Tampa, FL 33614

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

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

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

4/24/01

Date

(813) 930-8454

Daytime Phone #

CR2E034 (10/00)