

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060358

1. Entity Name

KINGS POINT REHAB, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90023 040 ***150.00

Principal Place of Business

2929 EAST COMMERCIAL BOULEVARD
SUITE 502
FORT LAUDERDALE FL 33308

Mailing Address

2929 EAST COMMERCIAL BOULEVARD
SUITE 502
FORT LAUDERDALE FL 33308

2. Principal Place of Business

15127 Jog Road
Suite, Apt. #, etc.
Suite 106

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

4. FEI Number

65-1020613

Applied For

Not Applicable

Zip

33446

Country

Palm Beach

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

John E. Korf, Esq.

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

2929 E. Commercial Blvd., Suite 306

City

FT. Lauderdale

FL

Zip Code

33308

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

John E. Korf

4-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GUTHRIE, WILLIAM
STREET ADDRESS 2929 EAST COMMERCIAL BOULEVARD #502
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPST
NAME Green, Matthew H.
STREET ADDRESS 2929 E. Commercial Blvd., Suite 306
CITY-ST-ZIP FT. Lauderdale, FL. 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

William Guthrie

3/26/01 (954)938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)