

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076336

1. Entity Name

MEDICAL PROFESSIONAL REHAB, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 011 ***150.00

Principal Place of Business

718 M.L.K. BLVD.
TAMPA FL 33603

Mailing Address

718 M.L.K. BLVD.
TAMPA FL 33603

2. Principal Place of Business

7171 N. Dale Mabry

3. Mailing Address

PO Box 47222

Suite, Apt. #, etc.

Suite 503

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614

Country

USA

Zip

33647

Country

USA

4. FEI Number

59-3667387

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 M.L.K. BLVD.
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

SUSAN J. KRIVAC

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

17904 SHELTERED RIDGE LN.

City

TAMPA

FL

Zip Code

33647

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** ☒ Delete
NAME **NELSON, MIKE**
STREET ADDRESS **718 M.L.K. BLVD.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PRESIDENT** ☐ Change ☒ Addition
NAME **SUSAN J. KRIVAC**
STREET ADDRESS **17904 SHELTERED RIDGE LN.**
CITY-ST-ZIP **TAMPA, FL 33647**

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

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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

Date

Daytime Phone #

CR2E034 (10/00)