

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90008 021 \*\*\*150.00

**DOCUMENT # P00000076336**

1. Entity Name

**MEDICAL PROFESSIONAL REHAB, INC.**

Principal Place of Business

**7171 N DALE MABRY  
 SUITE 503  
 TAMPA FL 33614**

Mailing Address

**PO BOX 47222  
 TAMPA FL 33647**

2. Principal Place of Business

**4600 N. Habana Ave.**

3. Mailing Address

**7035 Bonaventure Dr.**

Suite, Apt. #, etc.

**Suite 25**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa, FLORIDA**

Zip

**33614**

Country

**USA**

Zip

**33607**

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

**KRIVAC, SUSAN J**

**17904 SHELTERED RIDGE LN  
 TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

**Susan J. Krivac**

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

**7035 Bonaventure Dr.**

City

**Tampa**

**FL**

Zip Code

**33607**

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]*

**1-10-02**

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, 2002 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 **P** ☐ Delete  
 NAME **KRIVAC, SUSAN**  
 STREET ADDRESS **17904 SHELTERED RIDGE LN**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02**

Date

**877-8177**

Daytime Phone #

CR2E034 (9/01)