

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90829 002 ***150.00

DOCUMENT # P00000076336

1. Entity Name

MEDICAL PROFESSIONAL REHAB, INC.



Principal Place of Business

**4600 N HABANA AV
SUITE 25
TAMPA FL 33614**

Mailing Address

**7035 BONAVENTURE DR
TAMPA FL 33607**

2. Principal Place of Business

4728 N. Habana Ave.

3. Mailing Address

Same.

Suite, Apt. #, etc.

Ste. 303

Suite, Apt. #, etc.

Same.

City & State

Tampa, FL 33614

City & State

Same.

Zip

33614

Country

U.S.A.

Zip

Same.

Country

Same.

6. Name and Address of Current Registered Agent

KRIVAC, SUSAN J

**7035 BONAVENTURE DR
TAMPA FL 33607**

4. FEI Number

59-3667387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Same.

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

4728 N. Habana Ave. Ste. 303

Tampa

City

FL

Zip Code

33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	P	KRIVAC, SUSAN	17904 SHELTERED RIDGE LN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		TAMPA FL 33647			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

Krivac, Susan

4728 N. Habana Ave. Ste. 303

Tampa, FL 33614

☐ Change
 ☐ Addition |

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12. 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 10 or Block 11 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

1-9-03 813-877-8177

Date

Daytime Phone #

CR2E034 (10/02)