2001 UNIFORM BUSINESS REPORT (UBR)

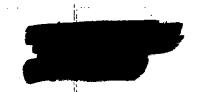
MATURE AND TYPED OR PRINTED MANIE OF BIOMBIG OFFICER OR DIRECTOR

Jul 10, 2001 8:00 am DOCUMENT # P00000090350. **Secretary of State** 07-10-2001 90109 016 ***150.00 SPACE COAST TOTAL HEALTHCARE CENTER, PA Principal Place of Business Mailing Address 2280 HARRIS AVENUE N.E. #5 2280 HARRIS AVENUE N.E. #5 PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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, typed or printed name of registered agant and tide it applicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11" TIFLE ☐ Delete ☐ Addition TITLE ☐ Charine CLOW, BRAD DR. NAME STREET ADDRESS 2280 HARRIS AVENUE N.E. #5 STREET ADDRESS CITY-ST-20 PALM BAY FL 32905 CITY-ST-ZIP MILE Octob TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-212 CITY-ST-ZIP Deleta TITLE ☐ Chang Addition NAME NAME STREET ANNOUSES STREET ADDRESS CITY-ST-ZP CITY-ST-7P TITLE Deleta MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oeleta ATLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2# CITY-ST-20P TITLE Delete TITLE ☐ Addition MAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-7/P 13. Thereby cortify that the information supplied with this filling 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 suppramental 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 of trustee afficiency to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

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FLOR





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 22, 2001

SPACE COAST TOTAL HEALTHCARE CENTER, PA 2280 HARRIS AVENUE N.E. #5 PALM BAY, FL 32905

Subject: SPACE COAST TOTAL HEALTHCARE CENTER, PA

Reference Number:

P00000090350

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call-the IRS at (800) 829-1040.

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314