

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108537

1. Entity Name

CHRISTOPHER STEPHEN REHAK, M.D., P.A.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90082 029 ***150.00

Principal Place of Business

Mailing Address

10124 SW 17TH PLACE
GAINESVILLE FL 32607

10124 SW 17TH PLACE
GAINESVILLE FL 32607

2. Principal Place of Business

6200 CAPSTAN CT

3. Mailing Address

6200 CAPSTAN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

59-3681635

☒ Applied For
☐ Not Applicable

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

DAVID W. DYER, P.A.

325 FIFTH AVE STE 205
INDIALANTIC FL 32903

Name

DAVID

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

City

FL

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

Christopher S. Rehak

Christopher S. Rehak MD 4/23/01

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 PD
NAME REHAK, CHRISTOPHER S MD
STREET ADDRESS 10124 SW 17TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Christopher S. Rehak

Christopher S. Rehak MD

Date

4/13/01

Daytime Phone #

(352)331-0926

CR2E034 (10/00)

0011764