

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

02-12-2001 90213 032 ***150.00

DOCUMENT # P00000108905

1. Entity Name
COMMUNITY REHAB ASSOCIATES, INC.

Principal Place of Business 821 39TH AVE N ST PETERSBURG FL 33703	Mailing Address 821 39TH AVE N ST PETERSBURG FL 33703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5111 66th St N Suite/Apt. #, etc. 506	3. Mailing Address 5111 66th St N Suite/Apt. #, etc. 506
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City & State St Pete FL	City & State St Pete FL	4. FEI Number 593684604	Applied For <input type="checkbox"/> Not Applicable
Zip 33709	Country Pinellas	Zip 33709	Country Pinellas

6. Name and Address of Current Registered Agent MCDONNELL, KELLY 821 39TH AVE N ST PETERSBURG FL 33703	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Kelly McDonnell, owner DATE 7.11.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>owner Kelly McDonnell 821 39th Ave NE St Pete FL 33703</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kelly McDonnell **REQUIRED** DATE 7.11.01 727 579-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01060000

CP2E034 (5/01)