FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046783

DOCUMENT # P00000108905

1. Entity Name
COMMUNITY REHAB ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5111 66TH ST. N SUITE 506 SAINT PETERSBURG, FL 33709	5111 66TH ST. N SUITE 506 SAINT PETERSBURG, FL 33709

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	821 39th Ave NE
Suite, Apt. #, etc.	Suite, Apt. #, etc. S
City & State	City & State St Petersburg FL
Zip / Country	Zip 33709 / Country USA

4. FEI Number 59-3684604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

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	OWNE MCDONNELL, KELLY 821 59TH AVE. NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Kelly McDonnell 3-18-03 727 547-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #