

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110242

1. Entity Name

ADVANCED OUTPATIENT REHABILITATION SERVICES, INC

Principal Place of Business

7800 SOUTH HWY 17-92 STE 144
FERN PARK FL 32730

Mailing Address

7800 SOUTH HWY 17-92 STE 144
FERN PARK FL 32730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, LUCILLE
1856 MEADOWGOLD LN
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

CHELSEY EXUM, CPA, PA

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

PO Box 440575

406 Woodstead Circle

City

Longwood

FL

32719
32714

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

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 \$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

TITLE President
NAME Lawrence Griliard
STREET ADDRESS 7800 S. Hwy. 17-92, Ste 144
CITY-ST-ZIP Fern Park FL 32730

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Lawrence Griliard, MD
STREET ADDRESS 7800 S. Hwy. 17-92, Ste 144
CITY-ST-ZIP Fern Park, FL 32730

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

Lawrence Griliard

9/04/01

407 260 0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90054 013 ***150.00



DO NOT WRITE IN THIS SPACE

0140895 SP

CR2E034 (5/01)

CHELLY EXUM, C.P.A., P.A.

*Attachment
D# P00000110242
Tax and Accounting Services
A0085584*

September 6, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Advanced Outpatient Rehabilitation Services, Inc.
FEIN: 59-3685346
Doc#: P000000110242
FORM: 2001 Uniform Business Report (UBR)

Dear Sir or Madam:

The above taxpayer recently received a notice from your office stating that your office had not received the above form. The taxpayer has been under extreme hardship due to the fact that its Office Manager was diagnosed with brain cancer and has undergone numerous surgeries since March of 2001. In addition, she has received continuous chemotherapy since that date. Due to this unfortunate situation, the taxpayer's operations and office management have suffered extreme confusion and mismanagement. It has not been until recently, that the taxpayer has been able to obtain control of its office operations. In turn, the taxpayer did not realize that this report had not been filed or paid in a timely manner with your office. In addition, the taxpayer has hired a CPA to comply with future filings with your office.

Due to this extreme hardship, we respectfully request that the additional amount due with this report be abated and that their records be updated accordingly. The taxpayer has enclosed the original fee of \$150.00 with this package.

Thank you for your prompt attention to this matter.

Sincerely,

Michelle Exum, CPA
Michelle L. Exum, C.P.A.