| 2002 | UNIFORM | <b>BUSINESS</b> | <b>REPORT</b> | (UBR |
|------|---------|-----------------|---------------|------|
|      |         | DOGINEOU        |               | 100  |

| DOCUMENT # P00000110326  1. Entity Name CYPRESS REHAB CORPORATION  |  |  |  |                        | FILED<br>D2 JUN 24 AM II: 01 |                                      |  |                             |  |
|--|--|--|--|------------------------|------------------------------|--------------------------------------|--|-----------------------------|--|
| Principal Place of Business Mailing Address  14521 FARRINGTON WAY #103 14521 FARRINGTON WAY #1 FORT MYERS FL 33912 FORT MYERS FL 33912 |  |  | #103   |                        |                              | TARY OF STA<br>ASSEE, FLOR           |  |                             |  |
| 16184  | Place of Business  CROWN ARBOR WAY   | <del></del>  | N ARBOR  | WAY                    |                              |                                      |  |                             |  |
| Suite, Apt.  City & State  FORT A  | e  | Suite, Apt. #, etc.  City & State  FORT MYERS                  | 7  | 4.                     | FEI Number                   | 5-1059746                            | A <sub>F</sub>                             | oplied For<br>ot Applicable |  |
| 3 390  | 8 Country  | Zip.<br>33908  | Country U.S.A  | 5.                     | Certificate of Stat          | cus Desired                          | \$8.75 Add<br>Fee Require                  |                             |  |
|  | 6. Name and Address of Current R   |  | Name   | 7.                     | Name and Addre               | ess of New Regist                    | ered Agent                                 | <del>-</del>                |  |
| FORT MY  | RRINGTON WAY #103 ERS FL 33912  named entity submits this statement for  | the purpose of changing its r                                  | City   |                        | ·                            | -06/28/02-<br>****155.0              | 5169-<br>010050<br>0 ****155<br>FL Zip Cod | 5.00                        |  |
| Tax filing r   | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.   | FILE NOW!!! After May 1, 200: Make Check Payable               | e to Department  | 0<br>50.00<br>of State | 10. Election (<br>Trust Fun  | Campaign Financir<br>d Contribution. | Added                                      | O May Be                    |  |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND D CEO PILAPIL, ERNIE 14521 FARRINGTON WAY # 103 FORT MYERS FL 33912   | Delete   | 112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP             | 16184                  | CROWN A                      | RBOR WAY                             |  | S IN 11                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | TOISI                  | <u> </u>                     | <u> </u>                             | Change                                     | ☐ Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  | □ <u>D</u> elete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                      | -                      |                              |                                      | Change                                     | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |                        |                              |                                      | ☐ Change                                   | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |                        |                              |                                      | ☐ Change                                   | ☐ Addition ;                |  |
|  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                      |                        |                              |                                      | ☐ Change                                   | ☐ Addition                  |  |
| indicated<br>of the cor  | certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyer on an attackment with an address, with a supplement with a | rue and accurate and that my<br>vered to execute this report a | CITY-ST-ZIP<br>the exemption state<br>y signature shall ha | ave the same           | legal effect as if           | made under oath; t                   | that I am an officer                       | or director                 |  |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/02 (239)561-78/2 Uste Dayline Phone #

Attachment

## CYPRESS REHAB CORPORATION 16184 Crown Arbor Way Ft. Myers, FL 33908 239-561-7812

June 12th, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 23202-1500

RE: Business Report

Document No. P00000110326

Cypress Rehab Corporation

Gentlemen:

Enclosed please find a check in the amount of \$155.00 along with the 2002 UBR Form. In speaking with your office I was instructed to file through the mail with an explanation of why I am late in filing.

I was out of the country from April 24<sup>th</sup> through May 16<sup>th</sup>, 2002 and can substantiate this. In lieu of being out of the country I was also moving.

Please accept my sincere apology.

Respectfully,

Ernie Pilapil

Chief Executive Officer