FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
02-20-2002 90018 031 ***158.75

DOCUMENT # P01000048134

1. Entity Name: Atlantis Rehabilitation Center , Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3623 South Fedral Highway	3623 South Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, Florida	City & State: Boynton Beach, Florida
33435 / USA	Zip: 33435 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1108221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alfred E. Boyce

Street Address (P.O. Box Number is Not Acceptable): 3623 South Federal Highway

City: Boynton Beach **FL** Zip Code: 33321

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: X Alfred E. Boyce
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Alfred E. Boyce 3623 South Federal Highway Boynton Beach, Fl 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Secretary Alfred E. Boyce Same
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Alfred E. Boyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #