

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 024 ***150.00

DOCUMENT # P01000049166

1. Entity Name

UNIVERSAL THERAPY & REHABILITATION
CENTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4897 JOE RD.

3. Mailing Address

10778 DALMANT WAY

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

LAKE WORTH, FL.

City & State

ROYAL PALM BEACH, FL

Zip

33467

Country

U.S.A.

Zip

33411

Country

USA

4. FEI Number

65 110 4953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RANDALL EEFER

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

10778 DALMANT WAY

City

ROYAL PALM BEACH

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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) ☒

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 ~~RANDALL EEFER~~ P/M
NAME RANDALL EEFER
STREET ADDRESS 10778 DALMANT WAY
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE V/D
NAME DAVID DYER
STREET ADDRESS 1304 CAMBRIDGE DR
CITY-ST-ZIP SHELBY, NC. 28152

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IN THIS SPACE**

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: Randall Eefler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02

561-649-3311

Date

Daytime Phone #

CR2E034B (12/01)