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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91163 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049166

1. Entity Name
UNIVERSAL THERAPY & REHABILITATION CENTERS, INC.

Principal Place of Business	Mailing Address
4897 JOG ROAD SUITE 112 LAKE WORTH, FL 33467 US	10778 DALMANY WAY ROYAL PALM BEACH, FL 33411

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10778 DALMANY WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH, FL	City & State
Zip: 33411 Country: USA	Zip Country

4. FEI Number 65-1104953 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EFFLER, RANDALL 10778 DALMANY WAY ROYAL PALM BEACH, FL 33411	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 ______________________ DATE

[redacted]

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	PM EFFLER, RANDALL 10778 DALMANY WAY ROYAL PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYER, DAVID 1304 CAMBRIDGE DR SHELBY, NC 28152 ☐ 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
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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: Randall A Effler 4-30-03 561-753-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #