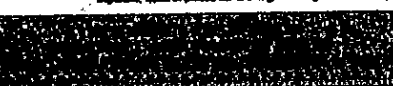
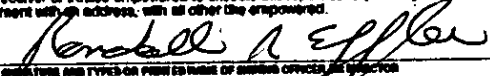


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91163 046 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049168			
1. Entity Name UNIVERSAL THERAPY & REHABILITATION CENTERS, INC.			
Principal Place of Business 4897 JOC ROAD SUITE 112 LAKE WORTH, FL 33467 US		Mailing Address 10778 DALMANY WAY ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business 10778 DALMANY WAY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL		City & State	
Zip 33411		Country USA	
4. FEI Number 85-1104953		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EFFLER, RANDALL 10778 DALMANY WAY ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent	
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	
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 PM		TITLE ☐ Change ☐ Addition	
NAME EFFLER, RANDALL		NAME	
STREET ADDRESS 10778 DALMANY WAY		STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME DYER, DAVID		NAME	
STREET ADDRESS 1304 CAMBRIDGE DR		STREET ADDRESS	
CITY-ST-ZIP SMELBY, MO 20182		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 the empowered.			
SIGNATURE: 		DATE: 4-30-03 581-753-0056	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR		Date	