

02-03


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA600020542236
06/05/03--01053--003 **300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P01000055955</u>	
1. Entity Name <u>Rehab-Comprehensive Care, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>313 Second St</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 492858</u> Suite, Apt. #, etc.
City & State <u>Leesburg, Florida</u>	City & State <u>Leesburg, Florida</u>
Zip <u>34749</u>	Country <u>LAKE</u>
Country <u>LAKE</u>	Country <u>Florida</u>

4. FEI Number <u>58-2631184</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Bahaa Gerges</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>32510 Crystal Breeze Lane</u>	
	City <u>Leesburg</u>	Zip Code <u>FL 34788</u>

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>GERGES, BAHAA R</u> <u>32510 CRYSTAL BREEZE LN.</u> <u>Leesburg, Florida 34788</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V</u> <u>VICIOSO, MYRIAM</u> <u>32510 CRYSTAL BREEZE LN.</u> <u>Leesburg, FL 34788</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like employees.

SIGNATURE: Bahaa Gerges 4/23/2003 3527938661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

g/c/s

June 3,2003

Ref: Rehab-Comprehensive Care, Inc
Number PO1000055955

We have not received the renewal form for 2002, and we would like to waive the late fees., based on a phone call with a representative from your office who advised me to write this letter.

Attached to this letter a check for the amount of \$300.00 a copy of your letter and the document that we sent originally.

Thanks for your interest.

BAHAA GERGES
President