2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000068025 DOCUMENT

1. Entity Name

COASTAL ALLIANCE REHAB, INC.



FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90150 008 ***550.00

2. Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. City & State Country 2.0 Country 3. Centricate of, Batture Bearined	Principal Place of Business 50 HARBOR VIEW LN #33 BELLEAIR BLUFFS FL 33770		Mailing Address 50 Harbor VIEW LN #33 BELLEAIR BLUFFS FL 33770				
City & State Ci	2. Principal Place of Business		3. Mailing Address			1 805111 401116 91187 185111 00110 11001 0151 1001	
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE II	MAKING CHANGES	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City City FL Zip Code City Sing Fl Zip Code City FL Zip Code City	City & State	3	City & State		4. FEI Number 59-3732856		
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SPIEGEL & UTRERA, P.A. 338 ALMERIA AVENUE CORL Colty FL Zip Code Colty FL Zip Code 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 collipations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS		6. Name and Address of Current	Registered Agent		7. Name and Address of New Re	gistered Agent	
343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code 6. 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 termiller with, and accept the obligations of registered agent. SIGNATURE Synars, lipid or priest rank of ingritised system and title if applicable. ONTE Registered Agent dynamic resolution in mississing. DATE FILE NOW!!! FEE IS \$55.0.00 AntarC September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SINET ADDRESS CITY-SI-2P BELLEAR BLUFFS FL 33770 Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITY Change Addition MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITY Change Addition MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITY Change Addition MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITY Change Addition MAKE SINET ADDRESS CITY-SI-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITY Change Addition MAKE SINET ADDRESS CITY-SI-2P CITY SI-2P			<u>-</u>	Name			
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## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Synauru, speak or printed aren's or regimered agent and title if applicative. ### Synauru, speak or printed aren's or regimered agent and title if applicative. ### Synauru, speak or printed aren's or regimered agent and title if applicative. ### Added to Fees							
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After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
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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 expect 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 fixed empowered.