

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-28-2002 90203 023 ***550.00

DOCUMENT # P01000080365

1. Entity Name
IMPACT REHAB INC.

Principal Place of Business

**1521 ALTON ROAD #99
 MIAMI BEACH FL 33139**

Mailing Address

**1521 ALTON ROAD #99
 MIAMI BEACH FL 33139**

2. Principal Place of Business

523 41st street

3. Mailing Address

523 41st street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140-3509

Country

USA

Zip

33140-3509

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MURDOCCO, ROBERT
 1521 ALTON ROAD #99
 MIAMI BEACH FL 33139**

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

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PSD** ☐ Delete
 NAME **MURDOCCO, ROBERT**
 STREET ADDRESS **1521 ALTON ROAD #99**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPTD** ☐ Delete
 NAME **MURDOCCO, JACQUELINE**
 STREET ADDRESS **1521 ALTON ROAD #99**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02 (305) 672 2992
 Date Daytime Phone #

Attachment
D#P01000080365
B0132677

July 25th 2002

Florida Department of State
Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

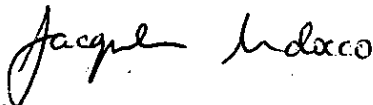
Impact Rehab Inc
523 41st Street
Miami Beach, FL 33140-3509

Attention: Division of Corporation

Please consider refunding \$400 fine for late filing of 2002 Uniform Business Report. We did not receive the original report that was due May 1st 2002 at our mailing address. In the future please note our principal place of business address, and change mailing address to ensure that we receive all communication with your department.

Thank you for your consideration.

Yours Sincerely



Jacqueline Murdocco