

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90039 008 ***158.75

DOCUMENT # P01000117126

1. Entity Name

CRESTVIEW OUTPATIENT REHAB FACILITY, INC.

DO NOT WRITE IN THIS SPACE

851643

2. Principal Place of Business

5775 West Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O.Box 16883

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation FL.

City & State
Plantation FL.

4. FEI Number
65-1158120

Applied For
Not Applicable

Zip
33313

Country
Broward

Zip
33318

Country
Broward

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

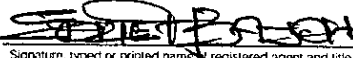
Name
Bayoh, Sorie

Street Address (P.O. Box Number is Not Acceptable)
5775 West Sunrise Blvd

City Plantation **FL** **Zip Code** 33313

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.

SIGNATURE



Sorie Bayoh (Director)

4/25/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

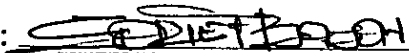
11. OFFICERS AND DIRECTORS

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|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bayoh, Sorie 5775 West Sunrise Blvd Plantation FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Sorie Bayoh

4/25/02 (305) 3218-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)