


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

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

05-05-2003 90382 029 ***158.75

DOCUMENT # P01000117126	
1. Entity Name CRESTVIEW OUTPATIENT REHAB FACILITY, INC.	

DO NOT WRITE IN THIS SPACE

11038822

2. Principal Place of Business 5775 W SUNRISE BLVD Suite, Apt. #, etc.		3. Mailing Address 5775 W SUNRISE BLVD Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State PLANTATION, FL		City & State PLANTATION, FL			
Zip 33313	Country BROWARD	Zip 33313	Country BROWARD	4. FEI Number 65-1158120	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 W 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **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	D	TITLE	
NAME	BAYOH, SORIE	NAME	
STREET ADDRESS	5775 W Sunrise Blvd. Plantation, FL 33313	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	SEALY, JEAN	NAME	
STREET ADDRESS	5775 W Sunrise Blvd. Plantation, FL 33313	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:  **BAYOH, SORIE** **04/28/2003** **305-570-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)