

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90170 045 \*\*\*150.00

**DOCUMENT # P01000121600**

1. Entity Name  
**AMERICARE REHAB, INC.**



Principal Place of Business  
**3030 ST JAMES DRIVE  
BOCA RATON FL 33434**

Mailing Address  
**3030 ST JAMES DRIVE  
BOCA RATON FL 33434**



2. Principal Place of Business

**200 KNUTh Rd.**

Suite, Apt. #, etc.  
**Suite 150**

City & State  
**Boynton Beach, FL**

Zip  
**33436**

Country  
**USA**

3. Mailing Address

**200 KNUTh Rd.**

Suite, Apt. #, etc.  
**Suite 150**

City & State  
**Boynton Beach, FL**

Zip  
**33436**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0005483**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STORCH, CRAIG L  
3030 ST JAMES DRIVE  
BOCA RATON FL 33434**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
STORCH, CRAIG L  
3030 ST JAMES DRIVE  
BOCA RATON FL 33434**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
STORCH, EILEEN  
3030 ST JAMES DRIVE  
BOCA RATON FL 33434**

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TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**CRAIG L STORCH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)