

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/4/21

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90142 002 \*\*\*550.00

DOCUMENT # P02000001102

1. Entity Name  
GLOBAL REHAB SERVICES, INC.



Principal Place of Business  
1251 ARLINBROOK DRIVE  
NEW PORT RICHEY FL 34655

Mailing Address  
1251 ARLINBROOK DRIVE  
NEW PORT RICHEY FL 34655

**55054674**

2. Principal Place of Business

4601 W. Kennedy Blvd  
Suite, Apt. #, etc.  
# 307

3. Mailing Address

4601 W. Kennedy Blvd  
Suite, Apt. #, etc.  
# 307

☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL 33609

4. FEI Number

30-0005224

Applied For

Not Applicable

Zip

FL

Country

Hillsborough

Zip

33609

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

Lorette Vosloo

Street Address (P.O. Box Number is Not Acceptable)

4601 W. Kennedy Blvd # 307  
City Tampa FL Zip Code 33609

7. Name and Address of New Registered Agent

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]*

Lorette Vosloo

7/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 PSTD  
STREET ADDRESS VOSLOO, LORETTE  
CITY-ST-ZIP 1251 ARLINBROOK DRIVE  
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4601 W. Kennedy Blvd # 307  
CITY-ST-ZIP Tampa FL 33609 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE *[Signature]* Lorette Vosloo

7/30/03

727-638 0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2003/08/04/03