2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90021 022 ***150.00

DOCUMENT # P02000003542

1. Entity Name
PEDIATRIC POTENTIALS REHAB, INC.

Principal Place of Business	Mailing Address
822 RENAISSANCE POINTE BLVD., #301 ALTAMONTE SPRINGS FL 32714	822 RENAISSANCE POINTE BLVD., #301 ALTAMONTE SPRINGS FL 32714

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
510 Whittingham Place		510 Whittingham Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Mary, FL		City & State: Lake Mary, FL	
Zip: 32746	Country: USA	Zip: 32746	Country: USA

4. FEI Number 01-0561600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNONE, BRIAN S 822 RENAISSANCE POINTE BLVD., #301 ALTAMONTE SPRINGS FL 32714	Name: Brian Arnone Street Address (P.O. Box Number is Not Acceptable): 510 Whittingham Place City: Lake Mary FL Zip Code: 32746

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] DATE: 1/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARNONE, BRIAN S 822 RENAISSANCE POINTE BLVD., #301 ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Brian Arnone 510 Whittingham Place Lake Mary, FL 32746	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHANKS, KELLI A 822 RENAISSANCE POINTE BLVD., #301 ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kelli Shanks 510 Whittingham Place Lake Mary, FL 32746	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 REQUIRED [signature] 1/7/03 (407) 322-3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)