

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/2

04-28-2003 90464 045 ***150.00

DOCUMENT # P02000007525

1. Entity Name
REHAB G.V. COMPREHENSIVE, INC.



Principal Place of Business
**28702 THOMASVILLE PLACE
WESLEY CHAPEL FL 33546**

Mailing Address
**28702 THOMASVILLE PLACE
WESLEY CHAPEL FL 33546**



2. Principal Place of Business

3. Mailing Address

124 S. Florida St.

124 S. Florida St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Bushnell, Florida

Bushnell, Florida

4. FEI Number

Applied For

03-0457902

Not Applicable

Zip

Country

Zip

Country

33513

Sumter

33513

Sumter

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

**BAGGETT, JUDSON
6815 DAIRY ROAD
ZEPHYRHILLS FL 33540**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERGES, BAHAA R
28702 THOMASVILLE PLACE
WESLEY CHAPEL FL 33546** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gerges, Bahaa R.
32510 CRYSTAL BREEZE LN.
Leesburg, FL 34788** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VICIOSO, MYRIAM
28702 THOMASVILLE PLACE
WESLEY CHAPEL FL 33546** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Vicioso, Myriam
32510 CRYSTAL BREEZE LN.
Leesburg, FL 34788** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/2003

352 793 8661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (10/02)