

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90004 029 ***150.00

DOCUMENT # P02000039956 1. Entity Name FLORIDA URO-GYNECOLOGY REHAB CENTER, INC.																							
Principal Place of Business 618 N. GRANDVIEW ST. MOUNT DORA, FL 32757			Mailing Address 618 N. GRANDVIEW ST. MOUNT DORA, FL 32757																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																					
4. FEI Number 02-0596355			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																				
6. Name and Address of Current Registered Agent SIMPSON, LYN-HEATHER 208 EAST 7TH AVENUE MOUNT DORA, FL 32757				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: <u>Lyn-Heather Simpson - President</u> DATE: <u>7-23-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																							
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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: <u>Lyn-Heather Simpson - President</u> DATE: <u>7-23-04</u> DAYTIME PHONE #: <u>352-383-5862</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							