

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90093 047 \*\*\*150.00

**DOCUMENT # P02000039956**



1. Entity Name  
**FLORIDA URO-GYNECOLOGY REHAB CENTER, INC.**

Principal Place of Business  
**208 EAST 7TH AVENUE  
MOUNT DORA FL 32757**

Mailing Address  
**208 EAST 7TH AVENUE  
MOUNT DORA FL 32757**



2. Principal Place of Business  
**618 N. GRANDVIEW ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**618 N. GRANDVIEW ST**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MT. DORA, FL**

City & State  
**MT. DORA, FL**

4. FEI Number  
**02-0596355**

Applied For  
Not Applicable

Zip  
**32757**

Country  
**LAKE**

Zip  
**32757**

Country  
**LAKE**

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

**SIMPSON, LYN-HEATHER  
208 EAST 7TH AVENUE  
MOUNT DORA FL 32757**

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

*Lyn-Heather Simpson*

**3-5-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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 **P/S/D** ☐ Delete  
NAME **SIMPSON, LYN-HEATHER**  
STREET ADDRESS **208 EAST 7TH AVENUE**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 (Lyn-Heather Simpson)**

**3-25-03**

**352-383-**

Date

Daytime Phone # **9247**

CR2E034 (10/02)