FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90147 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065747

90073817

1. Entity Name
WORKSITE REHABILITATION & WELLNESS, INC.

Principal Place of Business	Mailing Address
1400 EAST BAY DRIVE LARGO, FL 33771	1400 EAST BAY DRIVE LARGO, FL 33771

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 061660818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD F MD
1400 EAST BAY DRIVE
LARGO, FL 33771

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 Richard F Johnson
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 JOHNSON, RICHARD F MD 1400 EAST BAY DRIVE LARGO, FL 33771	☐ 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
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

CR2E034 (10/02)

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] Richard F Johnson 3-10-3 7274332553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

900073817

#P02000065747

Florida Profit

WORKSITE REHABILITATION & WELLNESS, INC.

PRINCIPAL ADDRESS
1400 EAST BAY DRIVE
LARGO FL 33771

MAILING ADDRESS
1400 EAST BAY DRIVE
LARGO FL 33771

Document Number	FEI Number	Date Filed
P02000065747	NONE	06/13/2002
State	**Status**	**Effective Date**
FL	ACTIVE	NONE
Last Event	**Event Date Filed**	**Event Effective Date**
NAME CHANGE AMENDMENT	11/25/2002	NONE

Registered Agent

Name & Address
JOHNSON, RICHARD F MD 1400 EAST BAY DRIVE LARGO FL 33771

Officer/Director Detail

Name & Address	Title
JOHNSON, RICHARD F MD 1400 EAST BAY DRIVE LARGO FL 33771	D

Annual Reports

Report Year	Filed Date	Intangible Tax