

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 17, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 029 \*\*\*150.00

DOCUMENT # P02000087147

1. Entity Name  
EXCELL REHAB INC.



Principal Place of Business  
7061 S. TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address  
7061 S. TAMiami TRAIL  
SARASOTA FL 34231

55048794

2. Principal Place of Business  
405 COMMERCIAL CT.

3. Mailing Address  
405 COMMERCIAL CT

Suite, Apt. #, etc.  
SUITE A

Suite, Apt. #, etc.  
SUITE A

☐ CHECK HERE IF MAKING CHANGES

City & State  
VENICE FL

City & State  
VENICE, FL

4. FEI Number  
54-2064708

Applied For  
Not Applicable

Zip  
34292 Country  
SARASOTA

Zip  
34292 Country  
SARASOTA

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

GARDI, LES  
7061 S. TAMiami TRAIL  
SARASOTA FL 34231

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  
Pablo E der Boghossian P/O  
405 Commercial Ct Suite A  
Venice FL 34292

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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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 all other like empowered.

SIGNATURE: ~~Signature~~ REPEATED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)