

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90032 042 ***150.00

DOCUMENT # P02000119771

1. Entity Name
SOUTHWEST REHAB SPECIALISTS, INC.



Principal Place of Business
1003 DEL PRADO BLVD STE 102
CAPE CORAL, FL 33990

Mailing Address
1003 DEL PRADO BLVD STE 102
CAPE CORAL, FL 33990

54027246



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number
50-0007591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YUVIENCO, MARIA T
1810 SE 14 TERRACE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name Marilyn S. Laconsay
Street Address (P.O. Box Number is Not Acceptable)

1003 Del Prado Blvd Suite 102
City Cape Coral FL Zip Code 33990

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 MS Laconsay-PT Marilyn S. Laconsay 03/30/04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME YUVIENCO, MARIA T
STREET ADDRESS 1810 SE 14 TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D ☐ Delete
NAME LACONSAY, MARILYN
STREET ADDRESS 7411 RAMBLERSTRAND
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Marilyn S. Laconsay MS Laconsay-PT 03/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Division of Corporations

Annual Report

Page 1

Document Number

P02000119771

Business Entity Name

SOUTHWEST REHAB SPECIALISTS, INC.

FEI Number

500007591

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No \$8.75 each

Principal Place of Business

Address

1003 DEL PRADO BLVD STE 102

Suite, Apt. #, etc.

City, State

CAPE CORAL

FL

Zip Code & Country

33990

Mailing Address

Address

1003 DEL PRADO BLVD STE 102

Suite, Apt. #, etc.

City, State

CAPE CORAL

FL

Zip Code & Country

33990

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

LACONSAY

MARILYN

S

-or- RA Business Name

Address

1003 DEL PRADO BLVD.,

Suite, Apt. #, etc.

SUITE 102

City, State

CAPE CORAL

FL

Zip Code & Country

33990

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

M. Laconsay, P.T.



Division of Corporations

Attachment
524027246

Annual Report

Page 2

Document Number

P02000119771

Business Entity Name

SOUTHWEST REHAB SPECIALISTS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

Attachment
 Doc. # PA2000119711
 54087246

City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address

City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address

City, State
 Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
 'Officer/Director Signature' block below. A corporate name is not
 allowed in this block.

Title
 Officer/Director Signature

Continue

Reset

Start Over

[Sunbiz Home Page](#)

[Public Access Help](#)