

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90205 014 ***150.00

DOCUMENT # P03000076795

1. Entity Name
UNITED HEALTH & REHAB ASSOCIATES OF FLORIDA
INCORPORATED



Principal Place of Business
885 NORTH POWERS DRIVE
SUITE A
ORLANDO, FL 32818 US

Mailing Address
4490 GOLDENRAIN CT
ORLANDO, FL 32808 US

42014700



2. Principal Place of Business

885 N. Powers Dr.

Suite, Apt. #, etc.

A

City & State
Orlando, Florida

Zip
32818

Country
USA

3. Mailing Address

885 N. Powers Dr.

Suite, Apt. #, etc.

A

City & State
Orlando, Florida

Zip
32818

Country
USA

05042004

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0190307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASTIEN, MAJORIE M
5296 GOLDTREE CT
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name

Joseph N. Barthelmy

Street Address (P.O. Box Number is Not Acceptable)

13002 Brookfield Cir

City

Orlando

FL

Zip Code

32837

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

Joseph N. Barthelmy Pres.

5/04/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BASTIEN, MAJORIE M	
STREET ADDRESS	5296 GOLDTREE CT	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph N. Barthelmy	
STREET ADDRESS	13002 Brookfield Cir	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Joseph N. Barthelmy Pres.

5/4/04

3212995689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #