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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90050 002 ***150.00

DOCUMENT # P05000042138	
1. Entity Name	
BETHANY REHAB INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3112 OWASSA CT Suite, Apt. #, etc.		3. Mailing Address 3112 OWASSA CT Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE FL	
Zip 34746	Country	Zip 34746	Country US

50004337

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2535151		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name WAZANI, MOHAMMAD	
Street Address (P.O. Box Number is Not Acceptable) 3112 OWASSA CT	
City KISSIMMEE	Zip Code 34746

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	WAZANI, MOHAMMAD
NAME	3112 OWASSA CT
STREET ADDRESS	KISSIMMEE FL 34746
CITY-ST-ZIP	
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mohammad Wazani 3/6/06 (407) 346 4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #