

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000000710

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: HAND REHABILITATION OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1620 S CONGRESS AVE
SUITE 203
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

1620 S CONGRESS AVE
SUITE 203
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: 65-0383724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, SHELLEY
1620 S CONGRESS AVE
SUITE S-203
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, SHELLEY
Address: 2615 COLGATE LN
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, SHELLEY
Address: 2615 COLGATE LN
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY CAMPBELL

P

01/09/2002

Electronic Signature of Signing Officer or Director

_____ Date