

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000007158****1. Entity Name**
REHAB SPECIALISTS INC. - WINTER HAVEN**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90062 037 ***150.00

Principal Place of Business**303 SECURITY SQUARE**
WINTER HAVEN FL 33880**Mailing Address****303 SECURITY SQUARE**
WINTER HAVEN FL 33880**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3165080**

Applied For

Not Applicable

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****SORIANO, EDWIN M**
303 SECURITY SQUARE
WINTER HAVEN FL 33880

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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete
NAME **SORIANO, EDWIN M**
STREET ADDRESS **2525 E LAKE HARTRIDGE**
CITY-ST-ZIP **WINTER HAVEN FL 33881****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VPD** ☐ Delete
NAME **LADIA, AMOR**
STREET ADDRESS **1829 6TH ST SE**
CITY-ST-ZIP **WINTER HAVEN FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **STD** ☐ Delete
NAME **PASCUAL, JAMES K**
STREET ADDRESS **924 S. HERON CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **BAUTISTA, JESSIE Z.**
STREET ADDRESS **310 E. CAMPHOR ST**
CITY-ST-ZIP **AVON PARK FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **MEDINA, ACE S**
STREET ADDRESS **4007 MAHOGANY RUN SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884****TITLE** ☒ Change ☐ Addition
NAME **D MEDINA, ACE S R**
STREET ADDRESS **211 S. LAKE FLORENCE DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL 33884****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)