Jan 31, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000018906



1. Entity Name 01-31-2003 90113 042 ***150.00 REHAB ASSOCIATES OF WEST FLORIDA, P.A. Principal Place of Business Mailing Address 901 CLEARWATER-LARGO RD 901 CLEARWATER-LARGO RD LARGO FL 33770 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3183013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LILES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 901 CLEARWATER-LARGO RD **LARGO FL 34640** City 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LILES, RICHARD NAME NAME STREET ADDRESS 901 CLEARWATER-LARGO RD STREET ADDRESS **LARGO FL 34640** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition DD F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change TITLE □ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and this of the corporation or the receiver or trustee empoyered to execute this repor changed, or on an attachment with an address, with all other like empoweres the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director filing does not qualify for as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGN SIGNATURE AND TYPED OR ABOUTED NAME OF