


FILED
Aug 15, 2000 8:00 am
Secretary of State
08-15-2000 90005 003 ***150.00

1. Entity Name

SPL REHABILITATION MANAGEMENT, INC.

08-15-2000 90005 003 ***150.00

SPL REHABILITATION MANAGEMENT, INC.	SPL REHABILITATION MANAGEMENT
7340 N.W. 83RD AVENUE.	7340 N.W. 83RD AVENUE.
TAMARAC, FLORIDA 33321	TAMARAC, FL 33321

2. Principal Place of Business		3. Mailing Address		 DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	65-0424535 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
JEROME ROSEN 7880 N. UNIVERSITY DRIVE. TAMARAC, FLORIDA 33321	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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SETTY, S P 1835 SOUTHEAST 4TH AVENUE 7340 NW 83 RD FORT LAUDERDALE FL 33316 Ave <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamarac, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/2000 (954) 726-9544

attachment

DOC# P9300064648y 081400
DW78886

August 3rd, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: FEI # 65-04245354

Dear Sir/ Madame:

I did not receive my initial Uniform business reports which were sent. I did receive a second notice in the mail. I called your office today and spoke with a representative and I was advised to send a cover letter and also enclose a cheque for the annual fee of \$ 150.00.

On the outside of the form the address is correct, however the address inside the UBR must be changed to: 7340 N.W. 83rd Avenue. Tamarac, Florida 33321.

If you need further assistance, please do not hesitate to contact our office.

Note: Due to relocation our new office address is:
7340 N.W. 83rd Avenue. Tamarac, Florida 33321.
Phone and Fax # (954) 726-9544.

Respectfully,



Mrs. Premaleela S. Setty.
PSS/naf
enclosures