

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046484

1. Entity Name

SPL REHABILITATION MANAGEMENT, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90145 040 ***150.00

Principal Place of Business

7340 NW 83RD AVE

~~FORT LAUDERDALE FL 33321~~

TAMARAC, FL 33321

Mailing Address

7340 NW 83RD AVE

~~FORT LAUDERDALE FL 33321~~

TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0424535

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

SETTY, S P

~~1835 SOUTHEAST 4TH AVENUE~~

~~FORT LAUDERDALE FL 33316~~

Name

SETTY, S P

Street Address (P.O. Box Number is Not Acceptable)

7340 NW 83RD Ave.

City

TAMARAC

FL

Zip Code

33321

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 D
NAME SETTY, S P ☐ Delete
STREET ADDRESS 1835 SOUTHEAST 4TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE SETTY, S P ☒ Change ☐ Addition
NAME SETTY, S P
STREET ADDRESS 7340 NW 83rd Ave
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *S. Setty* Mrs. PREMALEELA S. SETTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (954) 726-9544

Date

Daytime Phone #

0265077

CR2E034 (10/00)