2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED DOCUMENT # **P93000077583** May 01, 2000 8:00 am Secretary of State ONE TO ONE/INJURY REHABILITATION, INC. 05-01-2000 90015 014 ***150.00 Principal Place of Business Mailing Address 3501 25TH AVE SW 8600 URANUS TERRACE NAPLES FL 34117-7101 LAKE PARK FL 93403 2. Principal Place of Business 3501-25th Ave., S W 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0449099 1e5 an. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, MARK D Street Address (P.O. Box Number is Not Acceptable) 3501 25TH AVE SW NAPLES FL 34117 Zip Code nie stätement for the p∳rpose Af changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity (NOTE. Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVTS** ☐ Addition TITLE TITLE WALKER, MARK D -8600 URANUS TERRACE 3501-95th Ave., SW LAKE PARK FL Norples, FL 34117 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE WALKER, AUDREY A Fountain View C: Y NAME NAME 8600 URANUS TERRACE 🛭 STREET ADDRESS STREET ADDRESS TAKE PARK-FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME WALKER, MARK D NAME 8600 URANUS TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK PL CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if