## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9400005679

1. Entity Name

TOTAL WOMENS REHAB INC.

| Principal Place of Business 410 PARK PLACE BLVD CLEARWATER FL 34519 US 33759 |       | Mailing Address<br>7570 STARKET RD<br>STE J<br>SEMINOLE FL 34647<br>US | \$1<br>} | <i>AME</i> |
|--|-------|--|----------|------------|
| 2. Principal Place of Business   | <br>1 | 3. Mailing Address   |          |            |

FILED Apr 28, 2001 8:00 am Secretary of State 04-28-2001 90027 023 \*\*\*150.00



| Signature:    Country   State   Stat  | 2. Principal Place of Business   Blwd   3. Mailing Address   Blwd   410 Park Pl Blwd   Blwd |  |                                |  |  |                            |  |  |
|---|--|--|--------------------------------|--|--|----------------------------|--|--|
| A. FEII Number 59-3222796   A. FEII Number 59-3222796   A. FEII Number 59-3222796   Nanhamatic Plant   Applied For Nanhamatic Plant   Name and Address of Current Registered Agent   Street Address of New Registered Agent   Name and Address of New Registered Agent   Name and Address of New Registered Agent   Name       | Suite, Apt.  | #, etc   | Suite, Apt. #, etc.  Afth Dan  | Baitcher   | DO NOT WRITE IN THIS SPACE   | ,t                         |  |  |
| 6. Name and Address of Current Registered Agent BATCHER, DAN 410 PARK PLACE BLVD. CLEARWATER FL 34619  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  FL  Zip Code  City  C  | City & State   | water  |                                | . ~/   | 4. FEI Number 59-3222796   | Applied For Not Applicable |  |  |
| BATHER, DAN A110 PARK PLACE BLVD. CLEARWATER FL 34619  Signature, typed or printed farme of registered agreet and left is specified.  SIGNATURE  9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and effects to do so. (See circles on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. PAYA FLACE BLVD CLEARWATER FL  15. THE  15. MANE SISTER ADDRESS CITY-ST-2P  15. THE  15. MANE SISTER ADDRESS CITY-ST-2P  15. STEEP ADDRESS CITY-ST-2P  15. EARWATER FL  15. STEEP ADDRESS CITY-ST-2P  15. STEEP ADDRE | Zip 37   | 759 Country SA   | <sup>zio</sup> 33759           | Country USA  |  |                            |  |  |
| BATTCHER, DAN 410 PARK PLACE BLVD. CLEARWATER FL 34619  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, 1) pool or pread name of registered registered agent, or both, in the State of Florida.  SIGNATURE   Signature, 1) pool or pread name of registered agent a  |  | 6. Name and Address of Current   | Registered Agent               |  | 7. Name and Address of New Registered Ager   | nt                         |  |  |
| At 10 PARK PLACE BLVD. CLEARWATER FL 34619  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, liped or printed name of registered agent and the application is eligible to statisty its Intangible Tax filing requirement and elects to do so.   See criteria on back)   See criteria on bac  |  |  |                                | - Name `   | •  |                            |  |  |
| SIGNATURE    Signature   Signa  | 410 PARK PLACE BLVD.   |  |                                | Street Address (P.O. Box Number is Not Acceptable) |  |                            |  |  |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible (See circles)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. CITY-ST-2P  17. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS  17. ST-2P  17. Delete    |  |  |                                | City   | · : FL   | Zip Code                   |  |  |
| Signature, typed or printed name of registered agent and tiber lappitated. (NOTE-Registered Agent algoriture required when rentatively)  1. Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE  P. OBJECT STATE STREET ADDRESS  CITY-ST-ZIP  CITY-S | 8. The above   | named entity submits this statement fo   | r the purpose of changing its  | registered office or registe                       | ered agent, or both, in the State of Florida.  |                            |  |  |
| Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Additional Payable to Payable to Department of State   Trust Fund Contribution.   Additional Payable to Payable to Department of State   Trust Fund Contribution.   Additional Payable to Payable to Department of State   Trust Fund Contribution.   Additional Payable to Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund Contribution.   Trust Fund Contribution.   Additional Payable to Department of State   Trust Fund   | SIGNATURE _  | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE | : Registered Agent signature require               | ed when reinstating) DATE  |                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | Tax filing r   | equirement and elects to do so.  | After MAY 1, 200               | 01 Fee will be \$550.00                            | Trust Fund Contribution.   |                            |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | 11.  | OFFICERS AND   | DIRECTORS                      | 12.  | ADDITIONS/CHANGES TO OFFICERS AND DIF  | RECTORS IN 11              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | NAME<br>STREET ADDRESS   | BAITHER, DAN<br>410 PARK PLACE BLVD  | ☐ Delete                       | NAME<br>STREET ADDRESS                             |  | Change 🗀 Addition          |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | NAME<br>STREET ADDRESS   |  | ☐ Delete                       | NAME<br>Street Address                             |  | Change                     |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | NAME -<br>STREET ADDRESS   | and the second s | Delete                         | NAME STREET ADDRESS                                | Company of the Compan | Change Addition            |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP CITYE STREET ADDRESS CITY-ST-ZIP CITYE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME  | NAME<br>STREET ADDRESS   |  | ☐ Delete                       | NAME<br>STREET ADDRESS                             |  | Change Addition            |  |  |
| NAME NAME   | NAME<br>STREET ADDRESS   |  | ☐ Delete                       | NAME<br>STREET ADDRESS                             |  | Change Addition            |  |  |
| 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.   | NAME<br>Street address<br>City-St-Zip  |  |                                | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  |                            |  |  |

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: \_