

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90176 050 ***150.00

DOCUMENT # P94000035378

1. Entity Name
OPTIMUM REHAB, INC.



Principal Place of Business
2500 W LAKE MARY #219
LAKE MARY FL 32746
US

Mailing Address
2500 W LAKE MARY #219
LAKE MARY FL 32746
US

2. Principal Place of Business

2500 W. LAKE MARY
Suite, Apt. #, etc.
#215

3. Mailing Address

2500 W. LAKE MARY
Suite, Apt. #, etc.
#215

City & State

LAKE MARY FL

City & State

LAKE MARY FL

Zip

32746

Country *Seminole*

32746

Zip

32746

Country

SEMINOLE

4. FEI Number

59-3237870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HORWATH, BILL
172 OAK GROVE CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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. 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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HORWATH, SUSAN**
STREET ADDRESS **172 OAK GROVE CIRCLE**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **VP** ☐ Delete
NAME **HORWATH, BILL**
STREET ADDRESS **172 OAK GROVE CIRCLE**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HORWATH VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/03

CR2E034 (10/02)