

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90144 005 ***150.00

DOCUMENT # P94000054936

1. Entity Name

INNOVATIVE MANAGEMENT & REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

**5250 17TH STREET
 SUITE 101
 SARASOTA FL 34235**

**5250 17TH STREET
 SUITE 101
 SARASOTA FL 34235**

2. Principal Place of Business

1721 Independence Blvd.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A3

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34234

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, DEWAYNE K

5250 17TH STREET

SUITE 101

SARASOTA FL 34235

Name

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

1721 Independence Blvd.

Suite A3

City

Sarasota

FL

Zip Code

34234

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

4-29-02

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, 2002 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 **P** ☐ Delete
 NAME **HARVEY, DEWAYNE K**
 STREET ADDRESS **5250 17TH STREET SUITE 101**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☒ Change ☐ Addition
 NAME **1721 Independence Blvd., Suite A3**
 STREET ADDRESS **Sarasota, FL 34234**
 CITY-ST-ZIP **34234**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Donna Harvey**
 STREET ADDRESS **1721 Independence Blvd., Suite A-3**
 CITY-ST-ZIP **Sarasota, FL 34234**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

CR2E034 (9/01)