

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90145 001 ***150.00

DOCUMENT # P94000065496



1. Entity Name
GREATER POLK COUNTY REHAB SERVICES, INC.

Principal Place of Business
**150 AVE B SE
WINTER HAVEN FL 33880**

Mailing Address
**150 AVE B SE
WINTER HAVEN FL 33880**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

= CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0500010**

Applied For
Not Applicable

Zip Country

Zip Country

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

**COMKOWYCZ, SHARON
150 AVE B SE
WINTER HAVEN FL 33880**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KIRKLAND, MARY D	
STREET ADDRESS	150 AVE B SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input type="checkbox"/> Delete
NAME	COMKOWYCZ, SHARON	
STREET ADDRESS	150 AVE B SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required
1/31/03 863-294-1429

CR2E034 (10/02)