

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085398

1. Entity Name

REGIONAL REHABILITATION SERVICES, P.A.

Principal Place of Business  
33920 U.S. 19 NORTH  
SUITE 131  
PALM HARBOR FL 34684  
US

Mailing Address

33920 U.S. 19 NORTH  
SUITE 131  
PALM HARBOR FL 34684  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90069 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3283075	Applied For
		Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SAKELLARIDES, JOHN M ESQ  
2575 TAMPA ROAD  
SUITE J  
PALM HARBOR FL 34684

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.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	SDVT CORRIS, ROBERT 6240 BAYSIDE DRIVE NEW PORT RICHEY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT corris, Robert 2093 N. Pointe Avenir Dr TS FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-8-00

Date

Daytime Phone #