

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085398

1. Entity Name

REGIONAL REHABILITATION SERVICES, P.A.

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90165 035 \*\*\*150.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3283075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

*John M Sakellarides, ESQ*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE SDVT  
 NAME CORRIS, ROBERT J  
 STREET ADDRESS 2093 NORTH POINTE ALEXIS DRIVE  
 CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

*Robert J Corris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/02

727-781-3550

CR2E034 (4/02)

attachment

P94000085398

REGIONAL  
REHABILITATION  
SERVICES, P.A.

8/1/02

To: Division Of Corporations  
Uniform Business Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

REF: P964000085398 Report Filing

I just received the attached renewal notice for 2002. Normally we receive at the beginning of the year and is due at the end of May. I keep track of when the filing is due based on receiving the renewal form.

RRS "did not" receive the first renewal notice. As you can see we have always file on time. Last year I utilized the online service. Could this have caused us not to receive the first report?

I contacted the above office and explained situation and was instructed to do letter and attach to form with the \$150.00.

Thank you for your assistance in this matter.

Sincerely,

  
Donna Corris

Administrator/Regional Rehabilitation Services, P.A.

cl  
#  
1149