

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90126 033 ***150.00

DOCUMENT # P95000004746

1. Entity Name
FIRST REHAB PLUS, INC.



Principal Place of Business
**4140 5TH AVE N
SAINT PETERSBURG FL 33713
US**

Mailing Address
**4140 5TH AVE N
SAINT PETERSBURG FL 33713
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3290473**

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

**SCUDIERO, THOMAS J
4140 5TH AVE N
SAINT PETERSBURG FL 33713**

*DECEASED
10/14/02*

Name **JOSEPH WADSWORTH**

Street Address (P.O. Box Number is Not Acceptable)
4140-5TH AVE N

City **ST. PETERSBURG**

FL

Zip Code **33713**

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 *Joseph Wadsworth - JOSEPH WADSWORTH*

1/7/03

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 **P**
NAME **SCUDIERO, THOMAS J**
STREET ADDRESS **34689 LAKE DR**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

☒ Delete

*DECEASED
10/14/02*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE **OFFICE MANAGER**
NAME **JOSEPH WADSWORTH**
STREET ADDRESS **539-75th AVE N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
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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 *Joseph Wadsworth* **JOSEPH WADSWORTH** *1/7/03* **1/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/02)