

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90915 017 \*\*\*150.00

**DOCUMENT # P95000007836**

1. Entity Name

**FLORIDA REHABILITATION PROPERTIES, INC.**

Principal Place of Business

**989 GEORGIA AVE  
PALM HARBOR FL 34683  
US**

Mailing Address

**930 FLORIDA AVE  
PALM HARBOR FL 34683  
US**

2. Principal Place of Business

**13560 Wright Circle**

Suite, Apt. #, etc.

3. Mailing Address

**13560 Wright Circle**

Suite, Apt. #, etc.

City &amp; State

**Tampa, FL**

City &amp; State

**Tampa, FL**

Zip

**33626**

Country

**USA**

Zip

**33626**

Country

**USA**

4. FEI Number

**59-3294133**

Applied For

Not Applicable

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

**TURTZO, CRAIG  
930 FLORIDA AVE  
PALM HARBOR FL 34683**

Name

**Turtzo, Craig**

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

**13560 Wright Circle**

City

**Tampa**

FL

Zip Code

**33626**

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 **Craig Turtzo**

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**

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, 2001 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 **TURTZO, CRAIG**  
STREET ADDRESS **989 GEORGIA AVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**TITLE **P** ☐ Change ☐ Addition  
NAME **Turtzo, Craig**  
STREET ADDRESS **13560 Wright Circle**  
CITY-ST-ZIP **Tampa, FL 33626**TITLE ☐ Delete  
NAME  
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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:

**Craig Turtzo****4/27/01****813/342-4432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)