

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025756

1. Entity Name

NUMED REHABILITATION, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90148 002 ***150.00

Principal Place of Business

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 33760
US

Mailing Address

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 33760
US

2. Principal Place of Business

5025 W. LEMON ST.

3. Mailing Address

5025 W. LEMON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3306281

Applied For

Not Applicable

Zip

33609

Country

Zip

33609

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

CAREY, MICHAEL R.

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

712 SOUTH OREGON AVENUE

City

TAMPA

FL

Zip Code

33606

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

Michael R. Carey MICHAEL R. CAREY 4/27/01

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, 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

TITLE PD
NAME CARMICHAEL, SUSAN J
STREET ADDRESS 5770 ROOSEVELT BLVD., #700
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE CEO
NAME CARMICHAEL, SUSAN J
STREET ADDRESS 5770 ROOSEVELT BLVD., #700
CITY-ST-ZIP CLEARWATER FL 33760 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO, P. D.
NAME CARMICHAEL, SUSAN J.
STREET ADDRESS 5025 W. LEMON ST.
CITY-ST-ZIP TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CHEMA, THOMAS V.
STREET ADDRESS 925 EUCLID AVE., SUITE 1100
CITY-ST-ZIP CLEVELAND, OH 44115 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0367281