

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90037 041 ***150.00

DOCUMENT #**P95000032281****1. Entity Name****REHAB ONE, INC.****Principal Place of Business****11809 NORTH DALE MABRY
TAMPA FL 33618****Mailing Address****11809 NORTH DALE MABRY
TAMPA FL 33618****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3310110**

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****WALKER, GARY****201 N FRANKLIN ST****STE 2100****TAMPA FL 33601**

Name

WALKER, GARY

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

100 SOUTH ASHLEY DRIVE**SUITE 1500, PO BOX 3273**

City

TAMPA**FL**

Zip Code

33601-3273**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, 2002 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
**P
GORDON, CRAIG A
11809 N DALE MABRY
TAMPA FL 33618** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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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****2/5/02 (813) 265-2221**
Date Daytime Phone #

CR2E034 (9/01)