

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047343

1. Entity Name

SUNCOAST SPINAL, MEDICAL AND REHAB CENTERS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90092 039 ***150.00

Principal Place of Business

10041 US HWY 19 N.
 NEW PORT RICHEY FL 34668

Mailing Address

24945 US HWY 19 N.
 CLEARWATER FL 33763-3927
 US

2. Principal Place of Business

24945 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3368551

Applied For

Not Applicable

Zip

Country

33763

USA

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

WOLSTEIN, BRIAN G D.C.
 24945 US HWY 19 N
 CLEARWATER FL 33763

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.

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	WOLSTEIN, BRIAN G D.C.	
STREET ADDRESS	24945 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN J. WOLSTEIN, D.C.	
STREET ADDRESS	24945 US. HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00 227-226-1460