

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90231 008 ***150.00

DOCUMENT # P95000072683

1. Entity Name

REHAB & THERAPY CONNECTION, INC.



Principal Place of Business

~~6538 1ST AVENUE N~~ **5500 1st Ave N.**
ST. PETERSBURG FL 33710

Mailing Address

~~6538 1ST AVENUE N~~ **5500 1st Ave N.**
ST. PETERSBURG FL 33710

2. Principal Place of Business

5500 1st Avenue N.

3. Mailing Address

5500 1st Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3338446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~JACOBSON, USA~~

6538 1ST AVENUE N

ST. PETERSBURG FL 33710

Yanchuck, Kathy
5500 1st Avenue N.
ST. Petersburg, FL
33710

Name

Yanchuck, Kathy

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

5500 1st Avenue North

City

St. Petersburg

FL

Zip Code

33710

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

Kathy Yanchuck

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

(NOTE: Registered Agent signature required when reinstating)

3.19.03

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

TITLE **PD** ☒ Delete
NAME **YANCHUCK, KATHY**
STREET ADDRESS **6538 1ST AVENUE N**
CITY-ST-ZIP **ST. PETERSBURG-FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Yanchuck, Kathy**
STREET ADDRESS **5500 1st Avenue North**
CITY-ST-ZIP **ST. Petersburg, FL 33710**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Kathy Yanchuck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.19.03

Date

727 432 3569

Daytime Phone #

CR2E034 (10/02)