~~2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000082588 May 16, 2000 8:00 am Secretary of State 1. Entity Name REHAB AND INDUSTRIAL COUNSELING OFFICES, INC. 05-16-2000 90165 046 ***158.75 Principal Place of Business Mailing Address 1820 W. COLONIAL DR P.O. BOX 721423 ORLANDO FL 32872-1423 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address 1170 S. SEMORAN Blvd. SteD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE REANDO City & State Applied For 4. FEI Number City & State 59-3347998 Not Applicable Zip 32807 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPITZNAGEL-WHITE, MARY JO Street Address (P.O. Box Number is Not Acceptable) 3137 STONECASTLE ROAD ORLANDO FL 32822 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE SPITZNAGEL-WHITE, MARY JO NAME NAME STREET ADDRESS 3137 STONECASTLE ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP □ Addition ☐ Change ☐ Delete TITLE WHITE, HOLLAND JR NAME NAME 3137 STONECASTLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DELALLY, TRACIE NAME 1000 STEVENS ENTRY #5212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEACHTREE CITY GA 30269 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE BRANHARDT, RICHARD NAME NAME 3381 COE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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