


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90047 020 ***550.00

DOCUMENT # **P95000088808**
1. Entity Name
Community Care + Rehabilitation Center



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
235 West Hwy 5D
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clermont FL

City & State

Zip
34711

Country
USA

Zip Country

4. FEI Number
59-3345468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jamal M. Badarni

Street Address (P.O. Box Number is Not Acceptable)
10501 N Crescent Ln

City
Clermont FL Zip Code
34711

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>P</i>	TITLE	
NAME	<i>Carole Badarni</i>	NAME	
STREET ADDRESS	<i>10501 N Crescent Ln</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Clermont FL 34711</i>	CITY-ST-ZIP	
TITLE	<i>T</i>	TITLE	
NAME	<i>Jamal Badarni</i>	NAME	
STREET ADDRESS	<i>10501 N Crescent Ln</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Clermont FL 34711</i>	CITY-ST-ZIP	
TITLE	<i>S</i>	TITLE	
NAME	<i>Natasha Forbes-Thorne</i>	NAME	
STREET ADDRESS	<i>P.O. Box 176</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Kilbuck, FL 34740</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carole Badarni* *6/02/2003 32-394-2990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)