

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000807

1. Entity Name

MEDICAL REHABILITATION SPECIALISTS II, P.A.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90128 002 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3050 O'BRIEN DRIVE~~  
~~TALLAHASSEE FL 32308~~

~~3050 O'BRIEN DRIVE~~  
~~TALLAHASSEE FL 32308-2751~~

267 Rosehill Dr North  
TAL FL 32312

(same)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3419288

Applied For

Not Applicable

Zip

Country

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

MAURO, KIRK J DR.

~~3050 O'BRIEN DRIVE~~

~~TALLAHASSEE FL 32308~~

267 Rosehill Drive N.  
TAL FL 32312

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 PC  
NAME MAURO, KIRK J  
STREET ADDRESS ~~3050 O'BRIEN DRIVE~~ 267 Rosehill Dr N.  
CITY-ST-ZIP ~~TALLAHASSEE FL 32308~~ TAL FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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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 all other like empowered.

SIGNATURE:

*Kirk J. Mauro* (Signature)  
KIRK J. MAURO M.D. 1-19-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #