## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000005297



**FILED** Apr 16, 2003 8:00 am Secretary of State

Entity Name     AQUATIC REHAB, INC.							04-16-2003	3 90175 028 *	**150.	.00	
Principal Plac C/O YMCA OF 6631 PALMETT BOCA RATON US 2. Principal P	F BOCA RATO TO CIRCLE SI FL 33433	on Outh	Mailing Address C/O ACCOUNTING SERVICES 1001 W CYPRESS CREEK RD SUITE 410 FORT LAUDERDALE FL 33309-1951 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI	4. FEI Number 65-0723159 Applied For Not Applica				
Zip	Zip Country		Zip				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Nar	me and Address of New F	Registered Agent			
The first of the second of the					MICHELLE FERRY						
GOLUBSKI, ROBERT L CPA					Street Address (P.O. Box Number is Not Acceptable) CO YACA OF BOCA RATON						
1001 WEST CYPRESS CREEK ROAD SUITE 410 EXECUTIVE OFFICE PARK					6631 PALMETTO CIRCLE SOUTH						
		FL 33309-1951					. 110 CIRCLE		ip Code		
8. The above named entity submits this statement for the purpose of changing its reg					BOLA RATON - 33433						
8. The above the obligat	named entititions of regist	y submits,this statement for tered agent.	the purpose of changing	its register	red office of reg	listered agent	t, or both, in the State of Fi	iorida. Tam familia	ir with, a	no accept	
Michalla henry											
SIGNATURE .	Signature, typed	or printed name of registered agent a		IOTE: Register	ed Agent signature rec	quired when reinst	tating)	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 Fi	inancina	\$5.00	) May Be	
	•		State				Trust Fund Contribution	· –		to Fees	
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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