

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90175 028 ***150.00

DOCUMENT # P97000005297

1. Entity Name
AQUATIC REHAB, INC.



Principal Place of Business
C/O YMCA OF BOCA RATON
6631 PALMETTO CIRCLE SOUTH
BOCA RATON FL 33433
US

Mailing Address
C/O ACCOUNTING SERVICES
1001 W CYPRESS CREEK RD SUITE 410
FORT LAUDERDALE FL 33309-1951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0723159**

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

GOLUBSKI, ROBERT L CPA
1001 WEST CYPRESS CREEK ROAD
SUITE 410 EXECUTIVE OFFICE PARK
FORT LAUDERDALE FL 33309-1951

7. Name and Address of New Registered Agent

Name **MICHELLE FERRY**
Street Address (P.O. Box Number is Not Acceptable) **C/O YMCA OF BOCA RATON**
6631 PALMETTO CIRCLE SOUTH
City **BOCA RATON** **FL** **Zip Code** **33433**

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

(NOTE: Registered Agent signature required when reinstating)

4/14/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRY, MICHELLE	
STREET ADDRESS	6657 MARBLETREE LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	JOHANSON, SANDRA	
STREET ADDRESS	7600 GREAT OAK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
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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: *Signature*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-140 *395 9622*
Date Daytime Phone #

CR2E034 (10/02)