

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90090 041 ***150.00

DOCUMENT # P97000007427

1. Entity Name

ADVANTAGE PLUS REHABILITATION, INC.

Principal Place of Business

C/O WAGNER & DECKERT, P.A.
1601 FORUM PLACE - #300
WEST PALM BEACH FL 33401

Mailing Address

C/O WAGNER & DECKERT, P.A.
1601 FORUM PLACE - #300
WEST PALM BEACH FL 33401-8102

B0006910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1365 N. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address

1365 N. MILITARY TR.
Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

65-0724780

Applied For
Not

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, H T JR
WAGNER & DECKERT, P.A.
1601 FORUM PLACE - #300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Wagner, H.T. JR.

Street Address (P.O. Box Number is Not Acceptable)

GOLDBERG & WAGNER, STUMP & JACOBS
2161 Palm Beach Lakes Blvd, # 450

City

WEST PALM BEACH

FL

Zip Code

33409

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

TITLE D ☐ Delete
NAME MITZELFELD, CHARLES DR
STREET ADDRESS 1601 FORUM PLACE - #300 1365 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33401 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00