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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Wellington, FL 33414

1365 N MILITARY TRAIL

WEST PALM BEACH FL 33409

P97000007427 DOCUMENT

Country

6. Name and Address of Current Registered Agent

GOLDBERG, WAGNER, STUMP, BJACOBS WAGNER & ASSOCIATES

2181 PALM BEACH LAKES BLVD-#450 12300 S. Shore Blud,

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

1. Entity Name

Principal Place of Business

WEST PALM BEACH FL 33409

2. Principal Place of Business

1365 N MILITARY TRAIL

Suite, Apt. #, etc.

WAGNER, H T JR

WEST-PALM-BEACH FL 33409

City & State

Zip

SIGNATURE

ADVANTAGE PLUS REHABILITATION, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90054 032 ***150.00

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7- 97-1-N-2		
	CHECK HERE IF MAKING O	CHANGES
	4. FEI Number 65-0724780	Applied For
	03-0724700	Not Applicable
1		8.75 Additional ee Required
	7. Name and Address of New Registered Ag	jent
Name	•	
Street Addres	ss (P.O. Box Number is Not Acceptable)	
# 219		

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.

218

(NOTE: Registered Agent signature required when reinstating)

Country

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 Trust Fund Contribution.

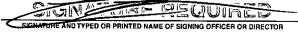
\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MITZELFELD, CHARLES DR NAME NAME STREET ADDRESS 1365 N MILITARY TRAIL STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-78P ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:



Daytime Phone #