

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000052276**

1. Entity Name

**CAROLINA REHAB, INC.****FILED****May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90121 042 \*\*\*150.00

Principal Place of Business

Mailing Address

**STE. 306, 2929 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308****STE. 306, 2929 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308-4219**

2. Principal Place of Business

3. Mailing Address

**1983 PGA Boulevard**Suite, Apt. #, etc.  
**Suite 103**

Suite, Apt. #, etc.

City &amp; State

**Palm Beach Gardens, FL**

City &amp; State

Zip  
**33408**Country  
**Palm Beach**

Zip

Country

4. FEI Number

**65-0822260**

Applied For

Not Applicable

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

**SAMUELS, LEONARD K ESQ.  
BERGER DAVIS & SINGELMAN  
100 NE 3RD AVE, SUITE 400  
FT LAUDERDALE FL 33301**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GUTHRIE, WILLIAM  
2929 E. COMMERCIAL BLVD., #306  
FT. LAUDERDALE FL 33308** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST  
GREEN, MATTHEW H  
2929 E. COMMERCIAL BLVD, SUITE 306  
FT LAUDERDALE FL 33308** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:****William Guthrie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**William Guthrie - 3/27/00 (954) 938-3770**

Date

Daytime Phone #