

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90010 001 ***550.00

DOCUMENT # P97000066138

1. Entity Name

REHAB REIMBURSEMENT SPECIALTIES, INC.



Principal Place of Business:

1354 PLUM DRIVE EAST
FERNANDINA FL 32034

Mailing Address

1354 PLUM DRIVE EAST
FERNANDINA FL 32034

2. Principal Place of Business

1354 Plum Dr E

Suite, Apt. #, etc.

3. Mailing Address

1354 Plum Dr E

Suite, Apt. #, etc.

City & State

Fernandina FL

Zip

32034

Country

NASSAU

City & State

Fernandina, FL

Zip

32034

Country

USA

4. FEI Number

59-3458921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAULEY, JUDY F
1354 PLUM DRIVE EAST
FERNANDINA FL 32034

7. Name and Address of New Registered Agent

Name

Judy F Cauley

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

3640 Hendricks Road

City

Fernandina

FL

Zip Code

32034

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

Judy F Cauley Judy F Cauley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-29-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CAULEY, JUDY F
STREET ADDRESS 1354 PLUM DRIVE EAST
CITY-ST-ZIP FERNANDINA FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Judy F Cauley Judy F Cauley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04 904-225-8083

Date

Daytime Phone #