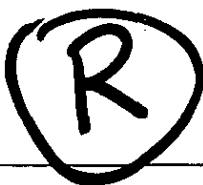


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080000

1. Entity Name
PHYSICIANS SPINAL REHABILITATION CENTER, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90004 024 ***150.00

Principal Place of Business
7706 B WEST HILLSBOROUGH AVENUE
TAMPA FL 33614

Mailing Address
7706 B WEST HILLSBOROUGH AVENUE
TAMPA FL 33614

2. Principal Place of Business

7345 Jackson Springs Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

#A

Suite, Apt. #, etc.

↓

City & State
Tampa FL

City & State

Zip
33634

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Sandra Kilpatrick

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

7345 Jackson Springs Rd #A

City Tampa FL Zip Code 33634

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 Sandra Kilpatrick

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

(NOTE: Registered Agent signature required when reinstating)

8-14-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME KILPATRICK, SANDRA E
STREET ADDRESS 7706 B WEST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
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: Sandra Kilpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00 83-901-0000
Date Daytime Phone #

CR2E034 (5/00)

Attachment pg 700008 0000
DU 7957

Physicians Spinal Rehabilitation Center

7345 Jackson Springs Road
Suite A
Tampa, Florida 33634

Ph: (813) 901-0000

Fax: (813) 901-0009

August 14, 2000

Florida department division of corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

Please forgive the penalties, as I was unable to file my 2000 uniform business report in a timely manner due to the fact that I was hospitalized during that time. I am also struggling with the fact that my mother was diagnosed with lung cancer at that time as well. I was overwhelmed at the time and with doctor appointments and surgery appointments for my mother.

I have enclosed a check in the amount of \$150.00 in hope that you will be able to forgive the penalties and accept this with my filing.

Sincerely,

Sandra Kilpatrick
Sandra Kilpatrick

PS. Also note the I did not receive my first notice on time due to the fact that my office has moved!
See Change of address