

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **SOUTHERN REHAB & WELLNESS CENTER**
 1. Entity Name **P97000086455**

FILED
Jul 18, 2000 8:00 am
Secretary of State
 07-18-2000 90088 032 ***558.75

Principal Place of Business Mailing Address

A0068135

2. Principal Place of Business **P.O. Box 292312**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 292312**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **DAVIE FLA.**

City & State **DAVIE FLA.**

4. FEI Number **593470499**

Applied For
 Not Applicable

Zip **33329-2312**

Country **BROWARD**

Zip **33329-2312**

Country **BROWARD**

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

GARY SPEAR ATT.
5455 N. FEDERAL HWY.
Suite 1
BOCA RATON FL. 33487

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 **DIRECTOR** ☐ Delete
 NAME **JACK LEWIS**
 STREET ADDRESS **7423 S. ERIE**
 CITY-ST-ZIP **- TULSA OK. 74136-**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **GLENN DINOTER**
 STREET ADDRESS **2751 OAK PK CIR.**
 CITY-ST-ZIP **DAVIE FLA. 33328**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 #

Glenn Dinoter Director

6/30/00

954-536-0050

CR2E034 (9/99)

P47000086455

ADD 6/21/25

GLEN DINOFR

~~2751 OAK PARK CIRCLE~~

DAVIE, FL 33328

Request taken by: lsellers
06-26-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314