01-02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 20 PM 4:01

DOCUMENT # P97000086455

1. Entity Name
Southern Rehab and Wellness Center Inc

DO NOT WRITE IN THIS SPACE

5/6/02 01039 001 -315.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2751 OAK Pk Circle	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAVIE Fla.	City & State
Zip 33328 Country BROWARD USA.	Zip 33328 Country

4. FEI Number 59-3470499 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name GARRY R. SPEAR
Street Address (P.O. Box Number is Not Acceptable)
5455 N. Federal Hway Suite 1
City Boca Raton FL Zip Code 33487

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 Garry R. Spear
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JACK F. Lewis	NAME	
STREET ADDRESS	2751 Oak Pk circle	STREET ADDRESS	
CITY-ST-ZIP	Davie FL. 33328	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GLENN Dinofer	NAME	
STREET ADDRESS	2751 OAK PK Cir	STREET ADDRESS	
CITY-ST-ZIP	DAVIE Fla. 33328	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Dinofer 6/13/02 561-502-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #