

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088743

1. Entity Name

MED FIT REHABILITATION AND WELLNESS PROVIDERS, I

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90201 038 ***150.00

Principal Place of Business

2147 PINE FOREST DRIVE
CLEARWATER FL 34624

Mailing Address

C/O GALLAGHER
3501 DEL PRADO BLVD
FORT MYERS FL 33907

2. Principal Place of Business

3501 Del Prado Blvd
Suite, Apt. #, etc.
Ste 204

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33904

Country

Lee

Zip

Country

4. FEI Number

59-3473541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, JOHN C
3501 DEL PRADO BLVD
SUITE 204
FORT MYERS FL 33904

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LINKAITIS, ATIS C/O GALLAGHER 3501 DEL PRADO BLVD, #204 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, CINDI C C/O GALLAGHER 3501 DEL PRADO BLVD, #204 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, S, D JERZAN DERMANOV 102 FURMANOV ST ALMATY, KAZAKSTAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERZAN DERMANOV

Date

04/07/00

Daytime Phone #