

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094759

1. Entity Name

AUSTIN MEDICAL REHAB, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90013 033 ***150.00

Principal Place of Business

Mailing Address

602 HARRISON AVE
STE B
PANAMA CITY FL 32401
US

602 HARRISON AVE
STE B
PANAMA CITY FL 32401-2624
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3479267

Applied For -

Not Applicable

Zip

Country

Zip

Country

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

BAUMAN, REID
3613 HIGHWAY 231
PANAMA CITY FL 32404

Name
BEAKISTON, HENRY

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

1001 N. US HIGHWAY ONE SUITE 600

City

JUPITER

FL

Zip Code
33477

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 D ☒ Delete
NAME BAUMAN, REID
STREET ADDRESS 3613 HIGHWAY 231
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D ☐ Change ☒ Addition
NAME DANIELS, RICHARD
STREET ADDRESS 21 SW RIVERWAY BLVD
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☒ Delete
NAME BAUMAN, MARIANNE T
STREET ADDRESS 3613 HIGHWAY 231
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE ST ☒ Delete
NAME KELLY, TERRY L
STREET ADDRESS 2101 W. HWY 30 #233
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

3/15/00

Date

(54) 288-0744

Daytime Phone #

CR2E034 (9/99)