## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P97000094759** 1. Entity Name AUSTIN MEDICAL REHAB, INC. 04-17-2000 90013 033 \*\*\*150.00 Mailing Address Principal Place of Business 602 HARRISON AVE 602 HARRISON AVE STE B STE B PANAMA CITY FL 32401-2624 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For-City & State 4. FEI Number City & State 59-3479267 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKISTON, HENRY BAUMAN, REID Street Address (P.O. Box Number is Not Acceptable) 1001 N. US HIGHWAY ONE SUITE 600 3613 HIGHWAY 231 PANAMA CITY FL 32404 City Zip Code 33477 THETTER e of changing its registered office or registered agent, or both, in the State of Florida nits this statement 8. The above named entity: Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D Change Addition n Delete TITLE BAUMAN, REID NAME NAME DANIELS, RICHARD STREET ADDRESS STREET ADDRESS 3613 HIGHWAY 231 21 SW RIVERWAY BLVD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 PALM CITY, FL 34990 ☐ Addition Change X Delete TITLE BAUMAN, MARIANNE T NAME STREET ADDRESS STREET ADDRESS 3613 HIGHWAY 231 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Change ☐ Addition ST Delete TITLE NAME NAME KELLY, TERRY L STREET ADDRESS STREET ADDRESS 2101 W. HWY 30 #233 CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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☐ Delete

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SIGNATURE:

CITY-ST-ZIP

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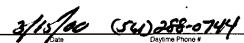
TITLE

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



R2E034 (9/99)

☐ Addition

Addition

☐ Change

Change