

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097591

1. Entity Name

QUALITY CARE REHAB OF FLORIDA, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90012 017 \*\*\*150.00

Principal Place of Business

11706 W WATERWAY DR  
HOMOSASSA FL 34448  
US

Mailing Address

P.O. BOX 2527  
HOMOSASSA SPRINGS FL 34447-2527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3487449**

Applied For  
Not Applicable

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

PRIMER, DREAMA M  
11706 W. WATERWAY DRIVE  
HOMOSASSA FL 34448

Name **WALDROP, DREAMA M**

Street Address (P.O. Box Number is Not Acceptable)  
**11706 W WATERWAY DR**

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 *Dreama M Waldrop*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/22/00  
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	DPST PRIMER, DREAMA M 11706 W WATERWAY DR HOMOSASSA FL 34448	<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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
WALDROP, DREAMA M 11706 W WATERWAY DR	
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
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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: *Mark Waldrop* **MARK WALDROP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 352-795-6225  
Date Daytime Phone #

CR2E034 (9/99)