## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000108403 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** G & R THERAPY SERVICES, INC. 01-27-2000 90013 039 \*\*\*150.00 Principal Place of Business Mailing Address 2427 DANA DRIVE 2427 DANA DRIVE SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34689-8920 2. Principal Place of Business | 1702 RICHARD FEVIN PKWY 3. Mailing Address 1702 RICHARD ERVIN PROLY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3484856 TARPON SPRINGS PRPcV SPRINGS Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34689 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ELAM, GREGORY** Street Address (P.O. Box Number is Not Acceptable) 2427 DANA DRIVE SAFETY HARBOR FL 34695 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PT TITLE Change TITLE ☐ Delete **ELAM, GREGORY** NAME NAME 1702 RICHARD ERVIN PLLY STREET ADDRESS STREET ADDRESS 2427 DANA DRIVE 34689 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 ∠ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME ELAM, ROBIN L STREET ADDRESS STREET ADDRESS 2427 DANA DRIVE CITY-ST-7IP 34689 CITY-ST-ZIP\_ SAFETY HARBOR FL 34695 Addition ☐ Change TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

DQ ED DENT