2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000006438.

1. Entity Name

Advanced Rehab 2000 Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 AM 8:31

304191

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5429 Commercial Way. Spring Hill Fl. 34608-1110.	

2. Principal Place of Business: Same

3. Mailing Address: 12224 Cortez Blvd, Brooksville, FL 34613

Suite, Apt. #, etc.

City & State

Zip | Country | Zip | Country

4. FEI Number: 59-3488626 ☐ 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
Emadeldin Mohamed. 5429 Commercial Way. Spring Hill Fl. 34608-1110.	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 _____ 7-31-00

Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Emadeldin Mohamed. 5429 Commercial Way Spring Hill Fl. 34608-1110 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ihab Amin 5429 Commercial Way Spring Hill Fl. 34608-1110 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mohamed Hussien. D. 5429 Commercial Way Spring Hill Fl. 34608-1110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 4/26/2000 (352) 596 1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #