

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90003 041 ***550.00

DOCUMENT # P98000006438

1. Entity Name
ADVANCED REHAB 2000, INC.

Principal Place of Business
12224 CORTEZ BLVD
BROOKSVILLE FL 34613

Mailing Address
12224 CORTEZ BLVD
BROOKSVILLE FL 34613



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3488626

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

MOHAMED, EMADELDIN
5429 COMMERCIAL WAY
SPRING HILL FL 34608-1110

Name
MOHAMED EMADELDIN

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

12224 CORTEZ BLVD.

City **BROOKSVILLE** **FL** Zip Code **34613**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **MOHAMED, EMADELDIN**
 STREET ADDRESS **5429 COMMERCIAL WAY**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Change ☐ Addition
 NAME **MOHAMED EMADELDIN**
 STREET ADDRESS **12224 CORTEZ BLVD.**
 CITY-ST-ZIP **BROOKSVILLE 34613 FL**

TITLE **D** ☐ Delete
 NAME **AMIN, IHAB**
 STREET ADDRESS **5429 COMMERCIAL WAY**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Change ☐ Addition
 NAME **AMIN IHAB**
 STREET ADDRESS **12224 CORTEZ BLVD**
 CITY-ST-ZIP **BROOKSVILLE 34613 FL**

TITLE **D** ☐ Delete
 NAME **HUSSEIN, MOHAMED**
 STREET ADDRESS **5429 COMMERCIAL WAY**
 CITY-ST-ZIP **SPRING HILL FL 34608-1110**

TITLE **D** ☒ Change ☐ Addition
 NAME **HUSSEIN MOHAMED**
 STREET ADDRESS **12224 CORTEZ BLVD**
 CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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 OF REGISTERED AGENT
AMIN

7/20/01

(352) 596-1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)