

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045631

1. Entity Name
COMPREHENSIVE REHAB SERVICES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90028 028 ***150.00

Principal Place of Business
223 DR MLK JR BLVD
PUNTA GORDA FL 33950

Mailing Address
P.O. BOX 51-1201
PUNTA GORDA FL 33951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 East Marion Ave.
Suite, Apt. #, etc.
Suite 103

3. Mailing Address
Suite, Apt. #, etc.

City & State
Punta Gorda FL

City & State

Zip
33950

Country
USA

Zip

Country

4. FEI Number 65-0836121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name
David K. Oaks

Street Address (P.O. Box Number is Not Acceptable)
407 East Marion Avenue Ste 103

City
Punta Gorda FL Zip Code
33950

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 David K. Oaks DATE 1-06-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

DT
ROBERTS, KIRK E
223 DR MLK JR BLVD
PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
ROBERTS, CHRISTINE
223 DR MLK JR BLVD
PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

407 East Marion Ave Suite 103
Punta Gorda, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

407 East Marion Avenue Ste 103
Punta Gorda FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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: Christine Roberts DATE 1-4-01 DAYTIME PHONE # 941-505-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)