

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 027 ***150.00

DOCUMENT # P98000045631
1. Entity Name
COMPREHENSIVE REHAB SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>407 E MARION AVE</u> Suite, Apt. #, etc. <u>SUITE 103</u> City & State <u>PUNTA GORDA, FL</u>		3. Mailing Address <u>P.O. BOX 51-1201</u> Suite, Apt. #, etc. City & State <u>PUNTA GORDA FL</u>	
Zip <u>33950</u>	Country 	Zip <u>FL 33951</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>DAVID K. OAKS, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>407 E. Marion Avenue, Suite 101</u> City <u>Punta Gorda</u> FL Zip Code <u>33950</u>	

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 **3/27/02**
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>CHRISTINE ROBERTS</u> <u>1215 GORDA LANE</u> <u>PUNTA GORDA, FL 33950</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY / TREASURER</u> <u>KIRK ROBERTS</u> <u>1215 GORDA LANE</u> <u>PUNTA GORDA, FL 33950</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Roberts **Date** **Daytime Phone #**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)