2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055264

1. Entity Name

REHAB CITY INC.

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90144 023 ***150.00

Principal Place of Business	Mailing Address
2760 SOMERSET DR., SUITE 309 LAUDERDALE LAKES FL 33311	2760 SOMERSET DR., SUITE 309 LAUDERDALE LAKES FL 33311

U0020010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2750 Somerset Dr		
Suite, Apt. #, etc. 106	Suite, Apt. #, etc.	
City & State Lauderdale Lakes, Fla.	City & State	4. FEI Number **NOT APPLICABLE**
Zip 33311	Country USA	Zip	Country	5. Certificate of Status Desired ☐

Applied For
Not Applicable

$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRIMM, WILBERT JR. 2760 SOMERSET DR., SUITE 309 LAUDERDALE LAKES FL 33311	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 _____

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 $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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRIMM JR, WILBERT 2760 SOMERSET DR S 309 FORT LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _Wilbert Brimm Jr._   4-28-01   954 735-0667

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