

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90210 001 \*\*\*300.00

**DOCUMENT # P98000055343**

1. Entity Name

**AMC REHABILITATION SERVICES, INC.**

Principal Place of Business

Mailing Address

5714 CLARK RD.  
 SARASOTA FL 34233

5714 CLARK RD.  
 SARASOTA FL 34233-3902

2. Principal Place of Business

3. Mailing Address

**2087 S TAMiami TR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**VENICE, FL**

4. FEI Number

**65-0840581**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34293**

**USA**

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

**REYNOLDS, JOSEPH J**  
**5714 CLARK RD.**  
**SARASOTA FL 34233**

Name

**REYNOLDS, JOSEPH J.**

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

**2087 S. TAMiami TR**

City

**VENICE**

FL

Zip Code

**34293**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS, JOSEPH J</b>	NAME	<b>REYNOLDS, JOSEPH J</b>
STREET ADDRESS	<b>5714 CLARK RD.</b>	STREET ADDRESS	<b>2087 S. TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	<b>VENICE, FL 34293</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-00**  
 Date

**941 496-8867**  
 Daytime Phone #

CR2E034 19/99

P98000055 343

11510

Incorrect FEIN  
was on file.

Please note change.