

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90106 045 ***150.00

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DOCUMENT # P98000058916

1. Entity Name

ADVANCED REHABILITATION MEDICAL SERVICES, INC.



Principal Place of Business

4056 TAMiami TRAIL

PORT CHARLOTTE FL 33952

*4265 Laura St
Charlotte Harbor, FL 33980*

Mailing Address

4056 TAMiami TRAIL

PORT CHARLOTTE FL 33952

*P.O. Box 510816
4265 Laura St
Punta Gorda
FL 33951-0816*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, KEITH M.D.

4056 TAMiami TRAIL

PORT CHARLOTTE FL 33952 *4265 Laura Street
Charlotte Harbor, FL 33980*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD WILLIAMS, KEITH A**
STREET ADDRESS **4056 TAMiami TRAIL** *4265 Laura St*
CITY-ST-ZIP **PORT CHARLOTTE FL 33952** *Charlotte Harbor, FL 33980*

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

TITLE ☐ Delete
NAME **SVD WILLIAMS, JACQUELINE** *4265 Laura St*
STREET ADDRESS **4056 TAMiami TRAIL** *Charlotte Harbor,*
CITY-ST-ZIP **PORT CHARLOTTE FL 33952** *FL 33980*

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03
Date

Daytime Phone #

CR2E034 (10/02)