

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90112 047 ***158.75

DOCUMENT # **P98000073405**

1. Entity Name
ADVANCED REHABILITATION AND WELLNESS CENTER, INC

Principal Place of Business
~~1714 ST. RD. 44~~ **140 Wallace Rd**
NEW SMYRNA BEACH FL 32169 32169

Mailing Address
~~1714 ST. RD. 44~~ **140 Wallace Rd**
NEW SMYRNA BEACH FL 32169 32168



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------------------------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3530806 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip | Country | Zip | Country | | | |

6. Name and Address of Current Registered Agent

CARN, DAVID E
~~1714 ST. RD. 44~~ **140 Wallace Rd**
NEW SMYRNA BEACH FL 32169 32168

7. Name and Address of New Registered Agent

Name **CARN, DAVID E**
 Street Address (P.O. Box Number is Not Acceptable)
140 Wallace Rd
 City **New Smyrna Beach** **FL** Zip Code **32168**

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]* **DAVID E. CARN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | CARN, DAVID E | |
| STREET ADDRESS | 27 WINCHESTER RD | |
| CITY-ST-ZIP | ORMOND BCH FL 32174 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | HUGGARD, SANDRA | |
| STREET ADDRESS | 1714 SR 44 140 Wallace Rd | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL 32168 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 140 Wallace Rd | |
| CITY-ST-ZIP | NEW Smyrna Beach FL 32168 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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: *[Signature]* **DAVID E. CARN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **386-427-4866**
 Date Daytime Phone #

CR25034 (9/01)