

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000073820**

1. Entity Name

PHYSICIANS REHAB GROUP, INC

Principal Place of Business

**P.O. Box 54216
JACKSONVILLE, FL
32246-4216**

Mailing Address

**4110 Southpoint Blvd
#205
JAX, FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3531042

Applied For

Not Applicable

6. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**RICHARD N. CAMP, CPA
4110 SOUTHPOINT BLVD.
SUITE 205
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when heretofore)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back.) ☒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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DR GARY ROBERTSON	3948 S. 3RD. ST. # 207	JAX, FL 32250				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90027 043 ***150.00