

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 017 ***150.00

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1. Entity Name
PHYSICIANS REHAB GROUP, INC.



Principal Place of Business
P.O. 54216
JACKSONVILLE FL 32245

Mailing Address
4110 SOUTHPOINT BLVD. #205
JACKSONVILLE FL 32216

2. Principal Place of Business
1825 PONCE DE LEON BLVD

3. Mailing Address
1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.
387

Suite, Apt. #, etc.
387

City & State
CORAL GABLES, FL 33134

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

Zip
33134

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3531042**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, RICHARD CPA
4110 SOUTHPOINT BLVD. #205
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name **GARY A. ROBERTSON**

Street Address (P.O. Box Number is Not Acceptable)
1825 PONCE DE LEON BLVD, # 387

City **CORAL GABLES**

FL

Zip Code
33134

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 **GARY A. ROBERTSON - PRESIDENT** **4/28/03**
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

TITLE **PRESIDENT** ☐ Delete
NAME **ROBERTSON, GARY DR**
STREET ADDRESS **3948 SOUTH 3RD STREET #207**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **GARY A. ROBERTSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **(305) 776-0226**
Date Daytime Phone #

CR2E034 (10/02)