

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-08-2000 90431 003 ***150.00

DOCUMENT # **P980000914**
 1. Entity Name **Rehab Consultants of Florida**
WEST Central Florida

Principal Place of Business **212 Palmetto ST**
Wauchula FL 33873
 Mailing Address **4141 US 27 N**
Sebring FL 33870

2. Principal Place of Business **212 Palmetto ST**
 Suite, Apt. #, etc.
 3. Mailing Address **4141 US 27 N**
 Suite, Apt. #, etc.

City & State **Wauchula FL**
 Zip **33873** Country **Hardee**
 City & State **Sebring FL**
 Zip **33870** Country **Highlands**

4. FEI Number **65-0873869**
 Applied For ☐ Not Applicable

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

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

4/24/00
 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

TITLE	President (Director)	Delete ☐
NAME	Jim Armstrong	
STREET ADDRESS	4141 US 27 N	
CITY-ST-ZIP	Sebring FL 33870	
TITLE	Director	Delete ☐
NAME	Fallon, J. H. F.	
STREET ADDRESS	3764 East Main St	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	Director	Delete ☐
NAME	G. H. Elizabeth B.	
STREET ADDRESS	1203 Palmetto Acres	
CITY-ST-ZIP	Wauchula FL 33873	
TITLE	STP	Delete ☐
NAME	Gossman, Gary S.	
STREET ADDRESS	8624 County Road 17. S.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		Delete ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
TITLE		Change ☐ Addition ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change ☐ 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: **Jim Armstrong**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 **President**
 Date Daytime Phone #

CR2E034 (9/99)