FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90049 012 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091411
Entity Name: Rehab Consultants of West Central Florida INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
212 Palmetto	4141 US 27 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
wauchula, Fl.	Sebring Fl.
City & State	City & State
Zip 33873 Country Hardee	Zip 33870 Country Highlands

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Gill Elizabeth B
Street Address (P.O. Box Number Is Not Acceptable): 4141 US 27 N
City: Sebring FL Zip Code 33870

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] 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00. After May 1 Fee is $550.00. Amended UBR is $61.25. Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMSTRONG, JIM L
STREET ADDRESS	2580 OSCEOLA ROAD
CITY-ST-ZIP	AVON PARK FL 33825
TITLE	STD
NAME	GOSSMAN, GARY S
STREET ADDRESS	8624 COUNTY ROAD 17 S.
CITY-ST-ZIP	SEBRING FL 33870
TITLE	D
NAME	FALLON, JILL F
STREET ADDRESS	3764 EAST MAIN STREET
CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	D
NAME	GILL, ELIZABETH B
STREET ADDRESS	128 PALDAO ACRES
CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/02 863-471-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #