

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094146

1. Entity Name

NEURO MUSCULAR REHAB, INC.

Principal Place of Business Mailing Address  
5297 PARK STREET 5297 PARK STREET  
ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0563630 Applied For

0607088

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, ADAM S  
4101 CENTRAL AVENUE SUITE B  
ST. PETERSBURG FL 33713

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

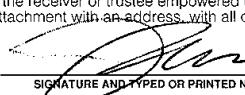
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State 10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS WORRELL, JAMES G 5297 PARK STREET ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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:  JAMES G. WORRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

43001 727-546-8244

Daytime Phone #