

2000 UNIFORM BUSINESS REPORT (UBR)

010655K

DOCUMENT # P98000104045

1. Entity Name
WASHINGTON SHORES REHAB, INC.

FILED

00 MAR 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3300 SOUTH HIAWASSEE ROAD #107 POST OFFICE BOX 4961
ORLANDO FL 32835 ORLANDO FL 32802-4961

2. Principal Place of Business 3. Mailing Address
800 N. HIGHLAND AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 200

City & State City & State
ORLANDO, FL

Zip Country Zip Country
32803 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3547624 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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
100003204321-7
-04/11/00--0118--005
City ***150.00 ***150.00
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | TUTTLE, MILLS L | |
| STREET ADDRESS | 3200 SOUTH HIAWASSEE ROAD #206 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | VPAS | <input type="checkbox"/> Delete |
| NAME | MCKINNEY, JOSEPH E | |
| STREET ADDRESS | 3200 SOUTH HIAWASSEE ROAD #206 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | VPAT | <input type="checkbox"/> Delete |
| NAME | LAWLER, THOMAS P | |
| STREET ADDRESS | 3200 SOUTH HIAWASSEE ROAD #206 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | WILLNER, DAVID M | |
| STREET ADDRESS | 3200 SOUTH HIAWASSEE ROAD #206 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | VPC | <input type="checkbox"/> Delete |
| NAME | PEISNER, ERIC | |
| STREET ADDRESS | 3300 SOUTH HIAWASSEE ROAD #107 | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 800 N. HIGHLAND AVE., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 800 N. HIGHLAND AVE., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 800 N. HIGHLAND AVE., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 800 N. HIGHLAND AVE., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KROPP, STEVEN G. | |
| STREET ADDRESS | 800 N. HIGHLAND AVE., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |

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: STEVEN G. KROPP **SIGNATURE REQUIRED** Date: 3-1-00 Daytime Phone #: 407/297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (19/99)