

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90302 048 ***150.00

DOCUMENT # P99000009115

1. Entity Name
TEAMWORK REHAB SERVICES, INC.



Principal Place of Business
13560 TURTLE MARSH LOOP #317
ORLANDO FL 32837
US

Mailing Address
13560 TURTLE MARSH LOOP #317
UNIT 1302
ORLANDO FL 32837
US

2. Principal Place of Business

3. Mailing Address

726 Oak Shadows Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CELEBRATION, FL

Zip

Country

Zip

Country

34747

US

4. FEI Number

59-3555865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME CARACUT, CARLOTA J
STREET ADDRESS 13560 TURTLE MARSH LOOP, UNIT 317
CITY-ST-ZIP ORLANDO FL 32837

TITLE P ☐ Change ☐ Addition
NAME CARLOTA CARACUT
STREET ADDRESS 726 OAK SHADOWS RD.
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOTA CARACUT, CEO 1/26/03

Date

Daytime Phone #

CR2E034 (10/02)