

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90216 001 ***150.00
 05-20-2002 90216 002 *****8.75

DOCUMENT # P99000015891

1. Entity Name
GUARDIAN REHAB, INC.

Principal Place of Business
309 10TH STREET W
106
BRADENTON FL 34205

Mailing Address
3869 5TH AVE N.
ST. PETERSBURG FL 33723

2. Principal Place of Business
13355 Belcher Rd. S.
 Suite, Apt. #, etc.
S

3. Mailing Address
P.O. BOX 445
 Suite, Apt. #, etc.

City & State
Largo / Florida

City & State
Safety Harbor / Florida

4. FEI Number **65-0897484**

Applied For
Not Applicable

Zip **33773-1648** **Country** **Pinellas**

Zip **34695** **Country** **Pinellas**

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

6. Name and Address of Current Registered Agent

SEXTON, TONI LYNNE
3869 5TH AVE N.
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name **SAMI AL-KHUSHMAN**
Street Address (P.O. Box Number is Not Acceptable)
13355 Belcher Rd
ste. S
City **Largo** **FL** **Zip Code** **33773**

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 *Sami Al-Khushman* **Sami AL-Khushman "President"** **04/30/02**
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. **X**
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **SEXTON, TONI LYNNE**
STREET ADDRESS **3869 5TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Change** ☒ **Addition**
NAME **Sami Al-Khushman**
STREET ADDRESS **13355 Belcher Rd S. # S.**
CITY-ST-ZIP **Largo, FL 33773-1648**

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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: *Sami Al-Khushman* **SAMI AL-KHUSHMAN** **04/30/02** **(727) 535-7160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAJOR AV

CR2E034 (9/01)