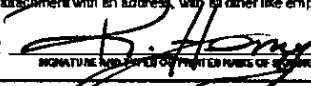


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90211 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P89000017001			
1. Entity Name COASTAL REHAB, INC.			
Principal Place of Business 3235 N. STATE ROAD 7 MARGATE, FL 33063		Mailing Address 3235 N. STATE ROAD 7 MARGATE, FL 33063	
2. Principal Place of Business 3235 N. SR 7		3. Mailing Address 3235 N. SR 7	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Margate, FL		City & State Margate, FL	
Zip 33063		Country USA	
4. FEI Number 85-0895577		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			
HENRY, ROBERT A 19078 N.E. 29TH AVENUE AVENTURA, FL 33180			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(3)(1), 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 registered service 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:  ROBERT HENRY 4/30/03 954 977 9708			