

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90020 040 ***150.00

DOCUMENT # P99000020131

1. Entity Name

REHABILITATION SPECIALTY CENTER, INC.

Principal Place of Business

880 N.W. 13TH STREET
 SUITE 2A
 BOCA RATON FL 33486

Mailing Address

880 N.W. 13TH STREET
 SUITE 2A
 BOCA RATON FL 33486

728001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0901811

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BARBARA M
4184 N.W. 6TH COURT
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name **Barbara M. Barrie**

Street Address (P.O. Box Number is Not Acceptable)

880 NW 13th Street, Suite 2A

City **Boca Raton**

FL

Zip Code **33486**

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 **Barbara M. Barrie**

(NOTE: Registered Agent signature required when reinstating)

3/9/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

TITLE **DP** ☒ Delete
 NAME **THOMAS, BARBARA M**
 STREET ADDRESS **4184 N.W. 6TH COURT**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition
 NAME **Barbara M. Barrie**
 STREET ADDRESS **880 NW 13th Street, Suite 2A**
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Barbara M. Barrie**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
 Date

561-392-5515
 Daytime Phone #

CR2E034 (10/00)