

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024462

1. Entity Name  
MARSHALL REHABILITATION CONSULTANTS, INC.

Principal Place of Business  
1805 HUNTERCREST DR  
JACKSONVILLE FL 32223  
32259

Mailing Address  
1805 HUNTERCREST DR  
JACKSONVILLE FL 32223-32259

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3563907  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARSHALL, PATRICIA  
1805 HUNTERCREST DR  
JACKSONVILLE FL 32223-32259

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-STATE-ZIP  
P MARSHALL, PATRICIA A 1805 HUNTERCREST DR JACKSONVILLE FL 32223-32259  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-STATE-ZIP  
Change Addition

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: Patricia Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/02

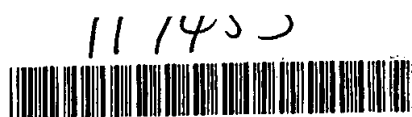
Date

904-477-4526

Daytime Phone #

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

06-11-2002 90149 047 \*\*\*150.00  
07-02-2002 90816 001 \*\*\*400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)