2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State
08-08-2003 90093 019 ***150.00

1659609 AV

DOCUMENT # P99000037358

1. Entity Name
COMFORT CARE MEDICAL REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
THE ENCLAVE 4728 NORTH HABANA AVENUE. SUITE 201 TAMPA FL 33614	THE ENCLAVE 4728 NORTH HABANA AVENUE. SUITE 201 TAMPA FL 33614

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3554452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TINDALL, NATHANIEL W II
205 WEST DR. MARTIN L. KING, JR. BLVD.
SUITE 103
TAMPA FL 33603

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO WITSELL-BROOKINS, SANDRA D 4728 NORTH HABANA AVE, SUITE 201 TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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 REQUIRED   August 5, 2003   (813) 876-9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Attachment

Comfort Care Medical Rehab Center

Injury Recovery
Motor Vehicle • Slip and Falls

861137083
P99000037358

August 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number P 99000037358

To Whom It May Concern:

We are requesting that the late fee of $400.00 be dismissed, as we did not receive the prior notice. We are submitting the original filing fee of $150.00.

Thank you for your attention to this matter.

Sincerely,

Sandra W. Brookins

4728 N. Habana Ave Ste. 201
Tampa, FL 33614

Ph. (813) 876-0038
Fax (813) 876-0103

3554 N. 29th St.
Tampa, FL 33605