2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 MAR 13 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048442

1. Entity Name

ROYAL PALM BEACH REHAB, INC.

Principal Place of Business	Mailing Address
1224 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	1224 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411-1602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same Co.	Same Co.
Suite, Apt. #, etc.: 106 Ponce DeLeon St	Suite, Apt. #, etc.: 106 Ponce DeLeon St
City & State: Royal Palm Beach, FL.	City & State: Royal Palm Beach, FL.
Zip: 33411 — Country: Palm Beach	Zip: 33411 — Country: Palm Beach

4. FEI Number: 65-0923150 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAPA, JOHN
1224 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 106 Ponce DeLeon St.
City: Royal Palm Beach FL Zip Code: 33411

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPA, JOHN 1224 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same Same 106 Ponce DeLeon St. Royal Palm Beach, FL. 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: X [signature] Dr John Papa 1-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #