

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90084 006 ***150.00

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1. Entity Name

CENTER FOR PEDIATRIC REHABILITATION, INC.



Principal Place of Business

**1100 AIRPORT BOULEVARD
SUITE C
PENSACOLA FL 32504**

Mailing Address

**1100 AIRPORT BOULEVARD
SUITE C
PENSACOLA FL 32504**

2. Principal Place of Business

1108-A AIRPORT BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1108-A AIRPORT BLVD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

ESCAMBIA

Zip

32504

Country

ESCAMBIA

4. FEI Number

59-3593243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMEAD, KATHLEEN

1100 AIRPORT BOULEVARD

SUITE C

PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

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

1108-A AIRPORT BLVD.

City

PENSACOLA

FL

Zip Code

32504

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

1/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **SMEAD, KATHLEEN**
STREET ADDRESS **1100 AIRPORT BLVD., BLDG.C**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1108-A AIRPORT BLVD.**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/03 (850) 471-1005

Daytime Phone #

CR2E034 (10/02)