

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 016 ***150.00

DOCUMENT # P99000083370

1. Entity Name

INDIAN RIVER REHABILITATION CLINIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
631 17TH STREET

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2692

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FL

Zip
32960

Country
USA

City & State
VERO BEACH, FL

Zip
32960

Country
USA

4. FEI Number
16-1566997

Applied For
Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
IHEONU U. ORIAKU

Street Address (P.O. Box Number is Not Acceptable)
631 17TH STREET

City
VERO BEACH

FL

Zip Code
32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 - ST - ZIP
DPV
IHEONU U. ORIAKU
631 17TH STREET
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MARISA E. ORIAKU
631 17TH STREET
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Iheonu U. Oriaku

IHEONU U. ORIAKU

4-30-02

772-778-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #