

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086837

1. Entity Name

CENTRAL FLORIDA REHAB, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90161 039 ***150.00

Principal Place of Business

2929 EAST COMMERCIAL BLVD. #306
 FORT LAUDERDALE FL 33308

Mailing Address

2929 EAST COMMERCIAL BLVD. #306
 FORT LAUDERDALE FL 33308-4219

2. Principal Place of Business

540 Horatio Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Zip

32751

Country

Orange

Zip

Country

4. FEI Number

65-0963296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUELS, LEONARD K ESQ.
 350 EAST LAS OLAS BOULEVARD
 SUITE 1000
 FORT LAUDERDALE FL 33301

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

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) ☐

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 **D** ☐ Delete
 NAME **GUTHRIE, WILLIAM**
 STREET ADDRESS **2929 EAST COMMERCIAL BLVD. #306**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **President** ☐ Change ☒ Addition
 NAME **William Guthrie**
 STREET ADDRESS **2929 East Commercial Blvd., #306**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President - ST** ☐ Change ☒ Addition
 NAME **Matthew H. Green**
 STREET ADDRESS **2929 E. Commercial Blvd., #507**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

William Guthrie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Guthrie - 3/27/00 (954) 938-3770

Date

Daytime Phone #

CR2F034 (9/99)