

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091269

1. Entity Name

REHAB RX OF CITRUS COUNTY, INC.

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-18-2000 90089 016 ***550.00

Principal Place of Business

30846 U.S. HIGHWAY 19, NORTH
PALM HARBOR FL 34684

Mailing Address

30846 U.S. HIGHWAY 19, NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

21905 US Hwy 19 N

3. Mailing Address

21905 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

Zip

33765

Country

4. FEI Number 59-3603029

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER FL 33756

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME ☐ Delete
President
Donna J Rodriguez
STREET ADDRESS 21905 US Hwy 19 N
CITY-ST-ZIP Clearwater, FL 33765

TITLE NAME ☐ Delete
Vice President
Joseph S Havore
STREET ADDRESS 21905 US Hwy 19 N
CITY-ST-ZIP Clearwater, FL 33765

TITLE NAME ☐ Delete
Secretary-Treasurer
Albert H. Rodriguez
STREET ADDRESS 21905 US Hwy 19 N
CITY-ST-ZIP Clearwater, FL 33765

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.H. Rodriguez 7-11-00

Date

727-669-4245

Daytime Phone

EXT 221

CR2E034 (5/00)