

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90177 042 ***150.00

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1. Entity Name
WEST SHORE REHAB, INC.



Principal Place of Business
**6604 US HIGHWAY 19 N
NEW PORT RICHEY FL 34652**

Mailing Address
**PO BOX 5208
FT. LAUDERDALE FL 33310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3606381**
59-3606301

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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

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	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, WILLIAM	
STREET ADDRESS	2929 EAST COMMERCIAL BLVD. #306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MATTHEW H	
STREET ADDRESS	2929 E COMMERCIAL BLVD., SUITE 507	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUTHRIE, WILLIAM	
STREET ADDRESS	2929 E COMMERCIAL BLVD., #507	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Guthrie	
STREET ADDRESS	1501 NW 49 Street, #200	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy J. Lerman	
STREET ADDRESS	1501 NW 49 Street, #200	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Rosenberg	
STREET ADDRESS	1501 NW 49 Street, #200	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Guthrie

4/2/03

954-938-3770

Date

Daytime Phone #

CR2E034 (10/02)