

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90052 004 ***150.00

DOCUMENT # S93920

1. Entity Name
ROBB REHAB INC

Principal Place of Business HWY 20 FL 32177	Mailing Address P.O. BOX 87 INTERLACHEN FL 32178-1086
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 3599 University Blvd., S. Suite, Apt. #, etc. Suite B	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32216	

4. FEI Number 59-3098726	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBB, RETHA M. 114 CINNAMON DR INTERLACHEN FL 32148		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBB, RETHA M. 114 CINNAMON DR INTERLACHEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ROBB, DAVID J. 114 CINNAMON DR INTERLACHEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/V/T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Baer, Douglas M. 3599 University Blvd., S., Ste.B Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Davis M. 3599 University Blvd., S., Ste.B Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Reinschmidt, Timothy W. 3599 University Blvd., S., Ste.B Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fields, Zachary R. 3599 University Blvd., S., Ste.B Jacksonville, FL 32216

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/21/00 Date	904-858-7474 Daytime Phone #
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CR2E034 (9/99)