

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90186 001 ***306.25

NOTES: 14 AV

DOCUMENT # S93920

1. Entity Name
ROBB REHAB INC

Principal Place of Business
6700 HWY 20
PALATKA FL 32177
US

Mailing Address
3599 UNIVERSITY BLVD. SOUTH
SUITE B
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3098726**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GEIGER, ALLAN T
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE FL 32207

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, 2002 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 **DV** ☒ Delete
 NAME **ROBB, RETHA M.**
 STREET ADDRESS **114 CINNAMON DR**
 CITY-ST-ZIP **INTERLACHEN FL**

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

TITLE **DVCT** ☐ Delete
 NAME **BAER, DOUGLAS M**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D/C** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **REINSCHMIDT, TIMOTHY W**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D/** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **FIELDS, ZACHARY R**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D/VC** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4020 TURNBERRY CT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

904-858-7474

CR2E034 (9/01)

Robb Rehab, Inc.
April, 2002

ORPORATE OFFICERS

Title: P

Zachary R. Fields

4020 Turnberry Ct., Jacksonville, FL 32225

Title: VP/Asst. S

Douglas M. Baer

77 Tallwood Road, Jacksonville Beach, FL 32250

Title: S/T

Timothy W. Reinschmidt

3599 University Blvd. Jacksonville Beach, FL 32216