FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91524 026 ***150.00

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DOCUMENT # V18592

1. Entity Name: Teams Rehabilitation Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5801 Ulmerton Rd.		5801 Ulmerton Rd.	
Suite, Apt. #, etc.: Suite 201		Suite, Apt. #, etc.: Suite 201	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33760	Country: USA	Zip: 33760	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3115072 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GLAZIER & GLAZIER, P.A.

Street Address (P.O. Box Number is Not Acceptable): 8825 Perimeter Park Blvd., Suite 504

City: Jacksonville FL Zip Code: 32216

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.

GLAZIER & GLAZIER, P.A. By: Scott L. Glazier

SIGNATURE: Scott L. Glazier VP Its: VicelPresident 4/22/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P.	TITLE	
NAME	Robert Habasevich	NAME	
STREET ADDRESS	5801 Ulmerton Rd., Ste. 201	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Joan B. Blecha	NAME	
STREET ADDRESS	3165 Doctor's Lake Dr.	STREET ADDRESS	
CITY-ST-ZIP	Orange Park, FL 32073	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joan B Blecha By: Joan B. Blecha Its: Director 4/24/02 (904) 284-3213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #