

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42895

1. Entity Name

LINK REHAB, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90031 024 \*\*\*158.75

Principal Place of Business 5321 JOG LANE DELRAY BEACH FL 33484 US	Mailing Address 5321 JOG LANE DELRAY BEACH FL 28086-2624
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2. Principal Place of Business 1309 Merrimont Ave. Suite, Apt. #, etc.	3. Mailing Address 1309 Merrimont Ave. Suite, Apt. #, etc.
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City & State Kings Mountain, NC	City & State Kings Mountain, NC
Zip 28086	Zip 28086
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LINKOVICH, MICHAEL J 5321 JOGLANE DELRAY BEACH FL 33484	7. Name and Address of New Registered Agent Name: Gary C. Smith Street Address (P.O. Box Number is Not Acceptable) 500 N.E. Spanish River Blvd #103 City Boca Raton FL Zip Code 33431
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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 Accountant DATE 1/20/2000  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D LINKOVICH, MICHAEL J. 5321 JOG LN DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 1309 Merrimont Ave. Kings Mountain, NC 28086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINKOVICH, VIRGINIA 33 LONGFELLOW AVE BRUNSWICK ME <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 an other like empowered.

SIGNATURE: DATE 1/24/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #