

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42895

1. Entity Name

LINK REHAB, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90094 036 ***158.75

Principal Place of Business

1309 MERRIMONT AVE
KINGS MOUNTAIN NC 28086
US

Mailing Address

1309 MERRIMONT AVE
KINGS MOUNTAIN NC 28086
US

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 65-0340521

Applied For

Not Applicable

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

SMITH, GARY G
500 N.E. SPANISH RIVER BLVD, #103
BOCA RATON FL 33431

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LINKOVICH, MICHAEL J.	
STREET ADDRESS	1309 MERRIMONT AVE	
CITY-ST-ZIP	KINGS MOUNTAIN NC 28086	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINKOVICH, VIRGINIA	
STREET ADDRESS	33 LONGFELLOW AVE	
CITY-ST-ZIP	BRUNSWICK ME	
TITLE		<input type="checkbox"/> Delete
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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

MICHAEL J. LINKOVICH

Date

Daytime Phone #

CR2E034 (10/00)