

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 030 ***158.75

DOCUMENT # V42895

1. Entity Name

LINK REHAB, INC.



Principal Place of Business

~~1909 MERRIMONT AVE~~
~~KINGS MOUNTAIN NC 28086~~
~~US~~

Mailing Address

~~1909 MERRIMONT AVE~~
~~KINGS MOUNTAIN NC 28086~~
~~US~~

2. Principal Place of Business

913 MISSION HILL ROAD

Suite, Apt. #, etc.

3. Mailing Address

913 MISSION HILL ROAD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

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

SMITH, GARY G

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

7. Name and Address of New Registered Agent

Name

Michael J. Linkovich

Street Address (P.O. Box Number is Not Acceptable)

~~913 MISSION HILL ROAD~~

913 MISSION HILL ROAD

City

BOYNTON BEACH

FL

Zip Code

33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

MICHAEL J. LINKOVICH

02/21/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LINKOVICH, MICHAEL J.	704 1/2 N. SWINTON AVENUE DELRAY BEACH FL 33444	
	S	LINKOVICH, VIRGINIA	704 1/2 N. SWINTON AVENUE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete (NEW SECRETARY) →
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		913 MISSION HILL ROAD	BOYNTON BEACH, FL 33435		
	S	FRANCINE GESTES-LINKOVICH	913 MISSION HILL ROAD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED MICHAEL J. LINKOVICH

02/21/03

Date

Daytime Phone #