

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90062 038 \*\*\*150.00

**DOCUMENT # V52078**

1. Entity Name

**REHAB SPECIALISTS, INC.**

Principal Place of Business

Mailing Address

5921 US 27 NORTH  
SEBRING FL 33870  
US303 SECURITY SQUARE  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3136662**

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

SORIANO, EDWIN M.  
2525 E. LAKE HARTRIDGE  
WINTER HAVEN FL 33881

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 PD ☐ Delete  
NAME SORIANO, EDWIN M.  
STREET ADDRESS 2525 E. LAKE HARTRIDGE  
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☐ Delete  
NAME LADIA, AMOR  
STREET ADDRESS 2233 12TH STREET N.W.  
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD ☐ Delete  
NAME PASCUAL, JAMES K  
STREET ADDRESS 924 S. HERON CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33884TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME BAUTISTA, JESSIE Z  
STREET ADDRESS 2065 W. MARLIN ROAD  
CITY-ST-ZIP AVON PARK FL 33825TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME MEDINA, ACE S R  
STREET ADDRESS 4007 MAHOGANY RMN S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884TITLE ☒ Change ☐ Addition  
NAME MEDINA, ACE S R  
STREET ADDRESS 211 S. LAKE FLORENCE DRIVE  
CITY-ST-ZIP WINTER HAVEN, FL 33884TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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)(l), 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

AMOR M. LADIA, PT

Date

4/9/01

Daytime Phone #

863-294-4443

CR2E034 (10/00)