

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90249 006 \*\*\*150.00

0510654 AV

**DOCUMENT # V52078**

1. Entity Name  
**REHAB SPECIALISTS, INC.**



Principal Place of Business  
**5921 US 27 NORTH  
SEBRING FL 33870  
US**

Mailing Address  
**303 SECURITY SQUARE  
WINTER HAVEN FL 33880**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3136662**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. 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 33881**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **LADIA, AMOR**  
STREET ADDRESS **2233 12TH STREET N.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **PASCUAL, JAMES K**  
STREET ADDRESS **924 S. HERON CIRCLE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BAUTISTA, JESSIE Z**  
STREET ADDRESS **2065 W. MARLIN ROAD**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MEDINA, ACE S R**  
STREET ADDRESS **211 SOUTH LAKE FLORENCE DR.**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**

Date

**(803) 293-3700**

Daytime Phone #

CR2E034 (10/02)