2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48314

1. Entity Name

REHABILITATION AND RECOVERY, INC.

					GO WE THE	'					
Principal Place 11900 BISCA* #604 MIAMI FL 331 US	Mailing Address 20 SABAL PALM RD MAMI FL 33137	ABAL PALM RD									
2. Principal Place of Business 3. Mail			Mailing Address				!	ini nin ii nii ii nii			
US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current GREEN, BARTH A			Suite, Apt. #, etc.			\dashv	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	65-0948631		-	pplied For ot Applicable	
Zip Country		Country	Zip	Count		5. C	5. Certificate of Status Desired S8.75 Addition Fee Required			litional	
	6. Name	and Address of Current Regi	stered Agent			7. N	ame and Address of New Reg	istered Agen	t		
					Name						
Green, Barth A 620 Sabal Palm RD			Street Ad			ss (P.O. Box Number is Not Acceptable)					
MIAMI FL 33137											
					City				ip Code		
					City			FL 2	ip Coa	3	
8. The above the obligat	e named entity tions of registe	submits this statement for the red agent.	purpose of changing its	registere	ed office or regi	istered age	ent, or both, in the State of Florid	a. I am famili	ar with,	and accept	
SIGNATURE	Signature typed o	r printed name of registered agent and title	if applicable (NOTE	- Carrietara	1 Agent signature rec	wired when rei	netation)	DATE			
	·		Tappicasie: (14572.	. nogistoret	Agent signature rec	duien when ter	istating)	DATE			
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Finan	cing	\$5.0	0 мау Ве	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Si							Trust Fund Contribution.			to Fees	
10. OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	OTTICETO AND DINE	□ Delete	TITLE		ADI	DITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	GREEN, BA	RTH A.	□ Delete	NAME				Ш,	rianye	L"] Monition	
STREET ADDRESS	620 SABAL				T ADDRESS						
CITY-ST-ZIP	MIAMI FL		* '*	CITY	ST-ZIP		٠				
TITLE	VPD		☐ Delete	TITLE				П	Change	Addition	
NAME	LEININGER	JAMES R.		NAME				_	*		
STREET ADDRESS			STRE	T ADDRESS							
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE	D	's par	Delete	TITLE		4.4	And the second s		Change	Addition	
NAME	BERGFORS	, CURT		NAME				_	•		
STREET ADDRESS	660 S MAS			STREE	T ADDRESS						

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

☐ Delete

Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

KEY BISCAYNE FL 33149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.03

305 573 0335

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition

Daytime Phone #

FILED

02-06-2003 90120 002 ***150.00

Feb 06, 2003 8:00 am Secretary of State

SR2F034 (10/02)