

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 223033

1. Entity Name

REHABILITATION THERAPY CENTER, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90070 014 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O I.E. FIXEL, M.D., P.A.

111 NORTH 31ST AVENUE

HOLLYWOOD FL 33021

C/O I.E. FIXEL, M.D., P.A.

111 NORTH 31ST AVENUE

HOLLYWOOD FL 33021-7001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0902916

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

FIXEL, IRVING E.

3705 HOLLYWOOD BLVD

HOLLYWOOD FL 33021

Name

FIXEL, RICHARD

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

7660 NW 79TH AVE N-2

City

TAMARAC

FL

Zip Code

33321

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, 2000 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  
NAME

P

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

FIXEL, RICHARD  
7660 N.W. 79TH AVENUE N-2  
TAMARAC FL 33321

TITLE  
NAME

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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

Date

Daytime Phone #

CR2E034 (9/99)