

2000 UNIFORM BUSINESS REPORT (UBR)

6/1/2000 08:00:00

DOCUMENT # 662544

1. Entity Name

EASTMAN REHAB CENTER, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

06-07-2000 90443 016 ***150.00

Principal Place of Business Mailing Address
EASTMAN REHAB CENTER EL PONCE DE LEON MARSHA G. MADORSKY, ESQ.
335 S.W. 12TH AVENUE 2665 S. BAYSHORE DRIVE #603
MIAMI FL 33130 MIAMI FL 33133-5401
US

2. Principal Place of Business 3. Mailing Address c/o Marsha Madorsky
2000 S. Bayshore Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.
Villa #41

City & State City & State
Miami, Florida

Zip Country Zip Country
33133 U.S.

4. FEI Number 59-2005694 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

MADORSKY, MARSHA G
2665 S. BAYSHORE DRIVE
#603
MIAMI FL 33133
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 STREET ADDRESS CITY-ST-ZIP	O MIZRAHI, ISAAC 11111 BISCAYNE BLVD #1705 MIAMI FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Estate of Isaac Mizrahi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Marsha Madorsky Attorney for the Estate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COTTLER, MARY 11111 BISCAYNE BLVD #1705 MIAMI FL 33136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	by: ILENE BLUM AS PERSONAL <input type="checkbox"/> Change <input type="checkbox"/> Addition REPRESENTATIVE OF THE ESTATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ILENE BLUM 7/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BY ILENE BLUM, AS PERSONAL REPRESENTATIVE OF
THE ESTATE OF ISAAC MIZRAHI

CR2E03-19/99