

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 662544

1. Entity Name

EASTMAN REHAB CENTER, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90037 011 ***150.00

Principal Place of Business

EASTMAN REHAB CENTER EL PONCE DE LEON
335 S.W. 12TH AVENUE
MIAMI FL 33130
US

Mailing Address

2000 S BAYSHORE DR
VILLA #41
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

100 SE Second Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4000

City & State

City & State
Miami, Florida

4. FEI Number 59-2005694

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

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
Marsha G. Madorsky

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

Suite 4000

City
Miami

FL

Zip Code
33131

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

MARSHA G. MADORSKY

3-30-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
0
MIZRAHI, ISAAC
11111 BISCAYNE BLVD #1705
MIAMI FL 33136 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
Marsha Madorsky
100 S.E. 2nd Street, Suite 4000
Miami, FL. 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
COTTLER, MARY
11111 BISCAYNE BLVD #1705
MIAMI FL 33136 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA G. MADORSKY

3-30-01

Date

(305) 530-0050

Daytime Phone #

CR2E034 (10/00)