

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90208 039 \*\*\*150.00

**DOCUMENT # J18229**

1. Entity Name  
**RABINER REHABILITATION CENTER, INC.**



Principal Place of Business  
**745 U.S. HIGHWAY 1  
SUITE 308  
NORTH PALM BEACH FL 33408  
US**

Mailing Address  
**P.O. BOX 32881  
PALM BEACH GARDENS FL 33420-2881  
US**

**30003021**



2. Principal Place of Business  
**8895 NORTH MILITARY TRAIL**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE D 202**

City & State

City & State

**PALM BEACH GARDENS, FLA.**

Zip  
**33410**

Country  
**USA**

Zip

Country

4. FEI Number  
**59-2684613**

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

**JAMES A. CIOFFI  
250 TEQUESTA DRIVE  
SUITE 200  
TEQUESTA FL 33469**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RABINER, ARNE B PRESIDE  
44 YACHT CLUB DR., APT 514  
NORTH PALM BEACH FL 33408** ☐ Delete

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

TITLE  
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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 RABINER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/19/03 (561) 762.6272**

Daytime Phone #

CR2E034 (10/02)