2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 32881

PALM BEACH GARDENS FL 33420-2881

J18229 DOCUMENT

1. Entity Name

Principal Place of Business

NORTH PALM BEACH FL 33408

745 U.S. HIGHWAY 1

SUITE 308

US

RABINER REHABILITATION CENTER, INC.



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

01-23-2003 90208 039 ***150.00

70007041

2. Principal Place of Business				3. Mailing Address								
8895 NORTH MILITARY TRAIL			ᅬ									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SUITE D 202			1					COLOR TIENE III MANING CITAINGES				
City & State				y & State			4. FEI Number 59-2684613			Ар	plied For	
PALMBEACH GARDENS, FLA.								39-2004013	'	No	t Applicable	
Zip 🚡	33410 Country US A			Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
		and Address of Curren	t Register	ed Agent		7. Name and Address of New Registered Agent						
						Name						
JAMES A. CIOFFI					_							
250 TEQUESTA DRIVE				Street Add			ldress (P.O. Box Number is Not Acceptable)					
SUITE 200												
TEQUESTA FL 33469				Cit			FL Zip Code					
R The shows	named entite	/ submits this statement	or the our	nose of changing its	o of changing its registered effice or registered					ا عادانید بر	and accept	
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.												
the designation of registroid digestions.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
F	ILE NOW!!	I FEE IS \$150.00					ĺ	A Floation Compaign Fines	· •:	A E A	.	
After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing \$5 Trust Fund Contribution. Add			May Be to Fees	
Make Check	k Payable to	FloridaDepartment	of State				ł	1103(1 drid Contribution.		Audeu	10 1 663	
10. OFFICERS AND I				ORS	11.		ADI	DITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	IN 11	
TITLE	PD			☐ Delete	TITLE					hange	Addition	
NAME	RABINER,	arne b preside			NAME	ļ				-	_	
STREET ADDRESS 44 YACHT CLUB DR., APT 514					STREET ADD	RESS						
CITY-ST-ZIP		LM BEACH FL 33408			CITY-ST-ZII	p						
TITLE				☐ Delete	TITLE					hange	Addition	
NAME	İ			C Pototo	NAME				٠ ســا	, na igo		
STREET ADDRESS	}				STREET ADD	RESS						
CITY-ST-ZIP					CITY-ST-ZII	,						
TITLE			-	☐ Delete	TITLE	~				hange	☐ Addition	
NAME		_			NAME-		فاست در باها	معجوي والمستمساء ماودان	≃ سے جۃ بہی	-6.5		
STREET ADDRESS] -				STREET ADD	RESS						
CITY-ST-ZIP					CITY-ST-ZIF	I .						
TITLE	<u> </u>			☐ Delete	TITLE					hange	Addition	
NAME				E3 Delete	NAME	- 1			∨ ب	nungo	C Addition	
STREET ADDRESS					STREET ADD	RESS					1	
CITY-ST-ZIP	i :				CITY-ST-ZIF						i	
TITLE	 -			☐ Delete	TITLE	-		<u> </u>	———	hange	☐ Addition	
NAME				_ Delete	NAME	1			<u>ں</u>	- ungo	ر الاستان ال	
STREET ADDRESS					STREET ADD	ress						
CITY-ST-ZIP					CITY-ST-ZIF)	
	<u> </u>			D Delete	1			· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————	hange	- Addition	
TITLE NAME				☐ Delete	NAME					nange	☐ Addition	
STREET ADDRESS					STREET ADD	RESS					1	
CITY-ST-ZIP					CITY-ST-ZIF						ŀ	
	I				_ U., U. Ell	1						

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR