

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90003 036 ***550.00

DOCUMENT # J73902

1. Entity Name
PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES,

Principal Place of Business

~~5210 LINTON BLVD., SUITE 105-
 DELRAY BCH. FL 33484~~

4800 Linton Blvd #A203
 Delray Beach, FL 33445

Mailing Address

~~5210 LINTON BLVD., SUITE 105-
 DELRAY BCH. FL 33484~~

4800 Linton Blvd #A203
 Delray Beach, FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2813209**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00082565



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LEVINSON, MARC M.
 5210 LINTON BLVD., SUITE 105
 DELRAY BCH. FL 33484~~

Joseph J. Alshon D.O.
 4800 Linton Blvd #A203
 Delray Beach, FL 33445

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph J. Alshon D.O.

8/16/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	LEVINSON, MARC M	5210 LINTON BLVD #105	DELRAY BEACH FL	<input checked="" type="checkbox"/>
ST	ALSHON, JOSEPH	5210 LINTON BLVD #105	DELRAY BEACH FL	<input type="checkbox"/>
V	TARRASH, JONATHAN	5210 LINTON BLVD, 3105	DELRAY BEACH FL	<input type="checkbox"/>
AVP	PICARD, DANIEL	5210 LINTON BLVD STE 105	DELRAY BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	JOSEPH J. ALSHON	4800 Linton Blvd #A203	Delray Beach, FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 (561)495-1801

Date

Daytime Phone #

CR2E034 (5/00)