

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90002 046 ***150.00

DOCUMENT # J73902

1. Entity Name
PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES,

Principal Place of Business Mailing Address
4800 LYNTON BLVD #A203 **4800 LYNTON BLVD #A203**
DELRAY BEACH FL 33485 **DELRAY BEACH FL 33485**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4800 Linton Blvd *4800 Linton Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A 203 *#A203*
 City & State City & State
Delray Beach FL *Delray Beach*
 Zip Zip Country
33445 *33445* *FL*

4. FEI Number Applied For
59-2813209 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALSHON, JOSEPH J DO
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 *Joseph J. Alshon DO* DATE **2-19-01**
Signature required for change of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete R LEVINSON, MARC M 5210 LINTON BLVD #105 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete ST ALSHON, JOSEPH 5210 LINTON BLVD #105 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V TARRASH, JONATHAN 5210 LINTON BLVD, 3105 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete AVP PICARD, DANIEL 5210 LINTON BLVD STE 105 DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OMIT - MOVED OUT OF STATE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 4800 Linton Blvd #A203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4800 Linton Blvd #A203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4800 Linton Blvd #A203
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"/> 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: *Joseph J. Alshon DO* Date **2-19-01** Daytime Phone # **561-495-5950**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)