

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90330 018 ***550.00

DOCUMENT # J73902

1. Entity Name
PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES, INC.

(P)

Principal Place of Business Mailing Address
4800 LINTON BLVD #A203 **4800 LINTON BLVD #A203**
DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445**

DUPLICATE



DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALSHON, JOSEPH J DO 4800 LINTON BLVD #A203 DELRAY BEACH FL 33445		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSHON, JOSEPH	NAME	
STREET ADDRESS	4800 LINTON BLVD #A203	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARRASH, JONATHAN	NAME	
STREET ADDRESS	4800 LINTON BLVD #A203	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICARD, DANIEL	NAME	
STREET ADDRESS	4800 LINTON BLVD #A203	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowers.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: **7/17/02**

CR2E034 (4/02)