

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00417

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHERN ORTHOPEDIC AND ATHLETIC REHABILITATION TRAINING CENTER, INC.

Current Principal Place of Business:

2205 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

4490 PLAYER ST
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2413427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMERMAN, VIVIAN
4490 PLAYER ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMMERMAN, VIVIAN,
Address: 4490 PLAYER ST
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN HAMMERMAN

MS

04/19/2002

Electronic Signature of Signing Officer or Director

Date