

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 050 ***150.00

DOCUMENT # M16540

1. Entity Name

REHABILITATION MANAGEMENT CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 Washington Ave

Suite, Apt. #, etc.
Box 191926

3. Mailing Address

1300 Washington Ave

Suite, Apt. #, etc.
Box 19126

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139

Country
US

Zip
33139

Country
US

4. FEI Number
59-2546070

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bernstien, Joel

Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Ave, Ste 1901

Miami, FL 33131

City

FL

Zip Code
33131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D
Bernstein, Joel
801 Brickell Ave, Ste 1901
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DeSimone, Mary
1300 Washington Ave
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary DeSimone

4/26/02 (305) 532-7246

Date Daytime Phone #