

FILED
Jun 02, 2002 8:00 am
Secretary of State

03-07-2002 90032 043 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000354

1. Entity Name

FLORIDA REHABILITATION PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

2900 E OAKLAND PARK BLVD. 3RD FLOOR
FT LAUDERDALE FL 33308

2900 E OAKLAND PARK BLVD. 3RD FLOOR
FT LAUDERDALE FL 33308

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

65-1152320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK-GARFIELD, TRUDY PHD
2900 E OAKLAND PARK BLVD, 3RD FLOOR
FT LAUDERDALE FL 33308

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

Trudy Block-Garfield, Ph.D.

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reappointing)

2/24/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Helen Ackerman, Ph.D. (President) 1020 S. State Rd. 7. Plantation, FL 33317 4/15/02</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D TRUDY BLOCK-GARFIELD, Ph.D. (Vice-President) 2900 E. OAKLAND PARK BLVD THIRD FLOOR FT. LAUDERDALE, FL 33308 4/15/02</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Patsy Geros-Livingston, Ph.D. (Treasurer) 1600 State Rd. 89 Ft. Lauderdale, FL 33315 4/15/02</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Gerry Schweitzer, Secretary 6444 Lake Shore Dr. Margate, FL 33063 4/15/02</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Trudy Block-Garfield, Ph.D.

Signature and typed or printed name of signing officer or director

2/24/02 (954) 566-2233

Date

Office Phone #

CP2ED07 (9/01)