

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055781

1. Entity Name

COMMUNITY HEALTH & REHAB CENTER INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90953 035 \*\*\*158.75

Principal Place of Business

8184 WILES ROAD  
CORAL SPRINGS FL 33067

Mailing Address

8184 WILES ROAD  
CORAL SPRINGS FL 33067

2. Principal Place of Business

7166 Nob Hill Rd.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 25085  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamara, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-1014386

Applied For

Not Applicable

Zip

33321

Country

Zip

33320

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANA, ALBERT

8184 WILES ROAD  
CORAL SPRINGS FL 33067

7166 Nob Hill Rd.  
Tamara, FL 33321

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

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	D	<input checked="" type="checkbox"/> Delete
NAME	LASTOFSKY, DEBRA	
STREET ADDRESS	8184 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARANA, ALBERT	
STREET ADDRESS	8184 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, JIM	
STREET ADDRESS	8184 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

ALBERT ARANA

Date

Daytime Phone #

4/23/01 (954) 724-9200

CR2E034 (10/00)

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