

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90113 011 ***150.00

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DOCUMENT # P00000060358

1. Entity Name
KINGS POINT REHAB, INC.



Principal Place of Business
**15127 JOG ROAD
SUITE 106
DELRAY BEACH FL 33446**

Mailing Address
**P O BOX 5208
FORT LAUDERDALE FL 33310**



2. Principal Place of Business
1501 NW 49 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number **65-1020613**

Applied For
Not Applicable

Zip
33309

Country
Broward

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELE, LEONARD K ESQ
350 EAST LAS OLAS BLVD.
SUITE 1000
FORT LAUDERDALE FL 33301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUTHRIE, WILLIAM
2920 EAST COMMERCIAL BOULEVARD #502
FORT LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**William Guthrie
1501 NW 49 Street, #200
Ft. Lauderdale, FL 33309**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
GREEN, MATTHEW H
2929 EAST COMMERCIAL BLVD SUITE 306
FORT LAUDERDALE FL 33308**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Cathy J. Lerman
1501 NW 49 Street, #200
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ralph Rosenberg
1501 NW 49 Street
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

William Guthrie

4/2/03 954-938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)