

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90438 001 ***150.00

DOCUMENT # P00000066165

1. Entity Name
MED DIAGNOSTIC REHAB, INC.

| | |
|---|---|
| Principal Place of Business 2790 N. MILITARY TRAIL SUITE 5 WEST PALM BEACH FL 33409 | Mailing Address 2790 N. MILITARY TRAIL SUITE 5 WEST PALM BEACH FL 33409 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|---------|---------------------------|---------|--|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1022414 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| HOFFMAN, JAMES 1073 RAINTREE LANE PALM BEACH GARDENS FL 33410 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-----------------------------|---------------------------------|--|---|---------------|---|--|
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TEAHAN, JOSEPH E | | | NAME | TEAHN, JOSEPH | | |
| STREET ADDRESS | 2505 25TH LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | | | CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOFFMAN, JAMES | | | NAME | | | |
| STREET ADDRESS | 1073 RAINTREE LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: James P. Hoffman **SIGNATURE REQUIRED** **4-26-02** **561-640-4894**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)