

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90192 007 \*\*\*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**

**10021344**



2. Principal Place of Business  
**1085 KANE CONCOURSE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1085 KANE CONCOURSE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BAY HARBOR FL**  
Zip  
**33154**

City & State  
**BAY HARBOR FL**  
Zip  
**33154**

4. FEI Number **65-1022414**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOFFMAN, JAMES  
1073 RAINTREE LANE  
PALM BEACH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**ALAN J. MARCUS**  
Street Address (P.O. Box Number is Not Acceptable)  
**20803 DISCAYNE BLVD**  
**SUITE 301**  
City  
**NORTH MIAMI** FL Zip Code  
**33180**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**X 2-11-03**

**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**

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TEAHAN, JOSEPH E</b>	
STREET ADDRESS	<b>2505 25TH LANE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFMAN, JAMES</b>	
STREET ADDRESS	<b>1073 RAINTREE LANE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL B. WITTELS M.D.</b>	
STREET ADDRESS	<b>1085 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR, FL 33154</b>	
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		
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		

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: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 2-11-03**  
Date

Daytime Phone #

CR2034 (10/02)