

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90025 018 ***150.00

DOCUMENT # P00000110947

1. Entity Name

INTEGRA HEALTH SERVICES, INC.

Principal Place of Business

3391 SHERIDAN ST
 HOLLYWOOD FL 33021

Mailing Address

3391 SHERIDAN ST
 HOLLYWOOD FL 33021

2. Principal Place of Business

2700 NW 62nd ST

Suite, Apt. #, etc.

D-134

3. Mailing Address

2700 NW 62nd ST

Suite, Apt. #, etc.

D-134

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-1058121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RECHTER, MICHAEL

3391 SHERIDAN STREET

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name DR. DAVID ROMANO

Street Address (P.O. Box Number is Not Acceptable)

2700 NW 62nd STREET

D134

City

Ft. Lauderdale

FL

Zip Code

33309

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

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, 2002 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 PS ☐ Delete
 NAME RECHTER, MICHAEL R
 STREET ADDRESS 3391 SHERIDAN STREET
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VPT ☐ Delete
 NAME ROMANO, DAVID
 STREET ADDRESS 2700 NW 62ND STREET D134
 CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☒ Delete
 NAME WEINTRAUB, BRIAN J
 STREET ADDRESS 3391 SHERIDAN STREET
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, S ☒ Change ☐ Addition
 NAME RECHTER, MICHAEL R
 STREET ADDRESS 3391 SHERIDAN STREET
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE P, T ☒ Change ☐ Addition
 NAME ROMANO, DAVID
 STREET ADDRESS 2700 NW 62nd STREET
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DR. DAVID ROMANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02

954 974-4546

Date

Daytime Phone #