

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90246 034 ***150.00

DOCUMENT # P01000050200

1. Entity Name

MIAMI ORTHO REHAB, INC.

Principal Place of Business

7328 SW 48TH STREET
 MIAMI FL 33155

Mailing Address

7328 SW 48TH STREET
 MIAMI FL 33155

2. Principal Place of Business

9420 SW 77 AVE
 Suite, Apt. #, etc.
 SUITE 100

3. Mailing Address

9420 SW 77 AVE
 Suite, Apt. #, etc.
 SUITE 100

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

27-0000898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, NATHAN
 7328 SW 48TH STREET
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

NEWMAN, MICHAEL P.

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

9420 S.W. 77th AVE SUITE 100

City

MIAMI

FL

Zip Code

33156

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

4/22/2002

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 ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 NEWMAN, MICHAEL P.
 9420 S.W. 77th AVE
 MIAMI FL 33156

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 NEWMAN, PATRICIA
 9420 SW 77 AVE
 MIAMI FL 33156

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD

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

(Signature, typed or printed name of signing officer or director)

MICHAEL P. NEWMAN

4/22/2002

Date

3056661402

Daytime Phone #

CR2E034 (9/01)