2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000051994

Entity Name: FORTIS REHABILITATION AND SPORTS MEDICINE, INC.

FILED Apr 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18383 NORTHWEST 27TH AVENUE PO BOX 278885 MIAMI, FL 33056 PO BOX 278885 MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

18383 NORTHWEST 27TH AVENUE PO BOZ 278885 MIAMI, FL 33056 PO BOZ 278885 MIRAMAR, FL 33027

FEI Number: 65-1106837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NUGENT, IVOR A M.D.

16264 SOUTHWEST 36TH DRIVE
MIRAMAR, FL 33027 US

NUGENT, IVOR A M.D.
PO BOX 278885
MIRAMAR, FL 33027 US

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: 04/16/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DR (X) Change () Addition

 Name:
 NUGENT, IVOR A M.D.
 Name:
 NUGENT, IVOR A M.D.

 Address:
 16264 SOUTHWEST 36TH DRIVE
 Address:
 PO BOX 278885

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVOR A. NUGENT DR 04/16/2002