

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000080493

FILED
Mar 14, 2002 8:00 AM
Secretary of State

Entity Name: UNITED REHAB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1937 S OAKHAVEN CIRCLE
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
606
ORLANDO, FL 32809

Current Mailing Address:

1937 S OAKHAVEN CIRCLE
N. MIAMI BEACH, FL 33179

New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
606
ORLANDO, FL 32809

FEI Number: 65-1129717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDOLPH, ROBERT
1937 S OAKHAVEN CIRCLE
N. MIAMI BEACH, FL 33179

Name and Address of New Registered Agent:

SANDS, ANDREW D DR
1199 NE 139TH STREET
NORTH MIAMI, FL 33161

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: DR. ANDREW D. SANDS

03/14/2002

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:

Title: D () Delete
Name: RUDOLPH, ROBERT
Address: 1937 S OAKHAVEN CIRCLE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUDOLPH, ROBERT
Address: 6220 S. ORANGE BLOSSOM TRAIL STE 606
City-St-Zip: ORLANDO, FL 32809

Title: D () Change (X) Addition
Name: SANDS, ANDREW D DR.
Address: 6220 S. ORANGE BLOSSOM TRAIL STE 606
City-St-Zip: ORLANDO, FL 32809

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: DR. ANDREW D. SANDS

D

03/14/2002

Electronic Signature of Signing Officer or Director

Date