2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108047

1. Entity Name
TOTAL JOINT REHABILITATION SEMINARS, INC.

FILED

03 FEB 24 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT   DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1221 SW 101 AVENUE PLANTATION FL 33322	1221 SW 101 AVENUE PLANTATION FL 33322

2. Principal Place of Business	3. Mailing Address
1221 NW 101 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State — PLANTATION, FL	City & State
Zip 33322 Country USA	Zip Country

4. FEI Number 65-1159128   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCO, LAWRENCE A 8751 W. BROWARD BOULEVARD 410 PLANTATION FL 33324	Name: BRYAN GOLD Street Address: 1221 NW 101 AVE City: PLANTATION FL 33322

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 _____

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 $550.00
After September 13, 2002 Fee will be $750.00
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 | **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	12 TITLE/NAME/ADDRESS	Change	Addition
PV	GOLD, BRYAN	1221 NW 101 AVENUE	PLANTATION FL 33322	☐	6000130344 96 02/24/03--01066--016 **900.00	☐	☐
ST	GOLD, IVY	1221 NW 101 AVENUE	PLANTATION FL 33322	☐		☐	☐
				☐		☐	☐
				☐		☐	☐
				☐		☐	☐
				☐		☐	☐

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 REQUIRED

Date 2/21/03   Daytime Phone # 954 476 0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)