

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90201 004 ***150.00

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1. Entity Name

**ALLIANCE SPINAL THERAPY & REHABILITATION,
P.A.**



Principal Place of Business

**16244 MILITARY TRIAL STE #210
DELRAY BEACH FL 33484**

Mailing Address

**16244 MILITARY TRIAL
210
DELRAY BEACH FL 33484**



2. Principal Place of Business

**16244 S MILITARY TRAIL
Suite, Apt. #, etc.
470**

3. Mailing Address

**16244 S MILITARY TRAIL
Suite, Apt. #, etc.
470**

City & State

DELRAY BEACH FL.

City & State

DELRAY BEACH FL.

Zip

33484

Country

FLORIDA

Zip

33484

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-2386640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME RUBIN, ANDREW L
STREET ADDRESS 16244 MILITARY TRIAL STE #210
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VP ☐ Delete
NAME FRENCH, CHRISTINE DR.
STREET ADDRESS 16244 MILITARY TRIAL STE #210
CITY-ST-ZIP DELRAY BEACH FL 33484

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

561-637-3779

Daytime Phone #