

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 021 ***150.00

0432992 AV

DOCUMENT # P02000120595

1. Entity Name
ALLIANCE SPINAL THERAPY & REHABILITATION, P.A. ✓



Principal Place of Business
**16244 MILITARY TRIAL STE #210
DELRAY BEACH FL 33445**

Mailing Address
**16244 MILITARY TRIAL STE #210
DELRAY BEACH FL 33445**



2. Principal Place of Business

16244 S. Military Trail
Suite, Apt. #, etc.
Suite 210

3. Mailing Address

16244 S. Military Trail
Suite, Apt. #, etc.
Suite 210

☐ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
52-2386640

Applied For
☐ Not Applicable

Zip
33484

Country
USA

Zip
33484

Country
USA

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MASTERMAN, MICHAEL DR 16244 MILITARY TRIAL STE #210 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RUBIN, ANDREW L 16244 MILITARY TRIAL STE #210 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Michael Maskmen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16244 S. Military Trail, Suite 210 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Andrew Rubin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16244 S. Military Trail, Suite 210 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Maskmen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/15/03** Daytime Phone # **561 637-3779**

CR2E034 (10/02)