2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000054922 1. Entity Name REHABILITATION SPECIALISTS OF SOUTH FLORIDA, INC				FILED Feb 27, 2000 8:00 am Secretary of State 02-27-2000 90028 001 ***450.00	
207 e hallane	DALE BEACH BLVD	Mailing Address 1133 S UNIVERSITY DTI STE 201 PLANTATION FL 33324-3 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1876 N. WIVERSRY DRIVE Suite, Apt. #, etc. SUITE 309C		DO NOT WRITE IN THIS SPACE	
City & State		City & State PLANTATION FL		4. FEI Number 65-0426725 Applied For Not Applicable	
Zip	Country	Zip 33322	Country	5. Certificate of Status Desired Status Desired Status Peer Required Fee Required	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country		Street Ad	Address (P.O. Box Number is Not Acceptable)		
9. This corpo Tax filing re	equirement and elects to do so.	FILE NO After MAY 1,	NOTE: Registered Agent signatur WIII FEE IS \$150.00 2000 Fee will be \$55 yable to Department	00 10. Election Campaign Financing \$5.00 May Be 550.00 Trust Fund Contribution.	
title Name Street address	LERNER, SAUL 207 E HALLADALE BEACH BLVD	RECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ITLE IAME ITREET ADDRESS	VDT Walsh, Thomas F 1133 S. University Dr., #201	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BTG N. WINEBERTY DR # 309C PLANTATION, FL 33322	
AME TREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Addition	
		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
ITLE Ame Treet address Ity-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗌 Addition	
ITLE Ame Treet address ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, with <b>URE:</b>	rue and accurate and th rered to execute this rep	nat my signature shall ha port as required by Char red.	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if USH Date Date Description Descripti	