

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000054922

FILED  
Aug 19, 2002  
Secretary of State

**Entity Name:** REHABILITATION SPECIALISTS OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

207 E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 US

## New Principal Place of Business:

## Current Mailing Address:

1876 N UNIVERSITY DR  
STE 309 C  
PLANTATION, FL 33322 US

## New Mailing Address:

1868 N UNIVERSITY DRIVE  
STE 304  
PLANTATION, FL 33322 US

FEI Number: 65-0426725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSH, TOM  
5440 OAKWOOD RD  
FORT LAUDERDALE, FL 33317 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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: VDP ( ) Delete  
Name: WALSH, BONNIE L  
Address: 5440 OAKWOOD RD  
City-St-Zip: PLANTATION, FL 33317

Title: PD (X) Delete  
Name: WALSH, THOMAS F  
Address: 1876 N UNIVERSITY DR #309C  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WALSH, BONNIE L  
Address: 5440 OAKWOOD RD  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BONNIE L WALSH

PRES

08/19/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date