

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90059 046 ***150.00

DOCUMENT # P95000045248
1. Entity Name
DOCTORS NEUROMUSCULAR REHABILITATION, INC.

Principal Place of Business
10071 NW 7 AVE
MIAMI FL 33150

Mailing Address
10071 NW 7 AVE
MIAMI FL 33150

80002504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0570955		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRASS, H. CRAIG 10071 NW 7 AVE MIAMI FL 33150				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BRASS, H. CRAIG	NAME	
STREET ADDRESS	10071 NW 7 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 employees.

SIGNATURE: _____ **1-07-02** **305 758 1888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)