

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90049 050 \*\*\*150.00

**DOCUMENT # P95000057611**

**1. Entity Name**  
**RIVERSIDE REHABILITATION, INC.**

**Principal Place of Business**

**590 RIVERSIDE**  
**CORAL SPRINGS FL 33071**

**Mailing Address**

**590 RIVERSIDE DR**  
**CORAL SPRINGS FL 33071**  
**US**

**2. Principal Place of Business**

**8100 Royal Palm blud.**

**3. Mailing Address**

**8100 Royal Palm Blud.**

**Suite, Apt. #, etc.**

**Suite # 106**

**Suite, Apt. #, etc.**

**Suite 106**

**City & State**

**Coral Springs, FL**

**City & State**

**Coral Springs, FL**

**Zip**

**33065**

**Country**

**US**

**Zip**

**33065**

**Country**

**US**

**4. FEI Number**

**59-3345411**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOFFMAN, EDGAR**  
**380 N HIBISUS DR**  
**MIAMI FL 33139**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

☐

**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 Trust Fund Contribution.**

☐

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **HOFFMAN, EDGAR**  
**STREET ADDRESS** **590 RIVERSIDE DR**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33071**

**TITLE** **VP** ☐ Delete  
**NAME** **PIERCE, THOMAS D**  
**STREET ADDRESS** **590 RIVERSIDE DR**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33071**

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
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**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ 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 empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)