2003 FOR PROFIT CORPORATION

May 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P95000065170 DOCUMENT # 05-12-2003 90223 044 ***150.00 PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, INC. Principal Place of Business Mailing Address 14838 S. MILITARY TRAIL 14838 S. MILITARY TRAIL DELRAY BEACH FL 33484 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0601400 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLANTZ-LLOYD-Street Address (P.O. Box Number is Not Acceptable) C/O 14838 S. MILITARY TRAIL **DELRAY BEACH FL 33484** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE SALEHI, HAMID NAME 8801 JOHNSON ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Delete TITLE Addition STANGER, JEFFREY NAME NAME 4560 NW 24TH WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

NAME

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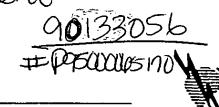
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■ Addition

SHCC #1



Centers for Neurology and Pain Management

5/8/03

To: Whom Hong Concerd Re 2003 UBR

April 23, 2003. Unfortunately our front
dook persons dropped it the mail
box without putting postage on the
envelope. It came becar as undeliverable (postage due). I am now
resending it. Please extend as a
Courteary a grace period for late filing.
This put for your anticipal d cooperation

Divisions: SHCC DBA APCC, Injury and Headache Treatment Centers

- •14838 South Military Trail Delray Beach, FL 33484 (561) 498-4300 Fax (561) 498-4539
- 8197-3 North University Drive Tamarac, FL 33321 (954) 720-2800 Fax (954) 720-6547
- 350 North University Drive Pembroke Pines, FL 33024 (954) 438-9889 Fax (954) 438-9572