

2000 UNIFORM BUSINESS REPORT (UBR)

0328445

DOCUMENT # P95000074553

1. Entity Name

THERAPEUTIC REHABILITATION CENTERS INC.

FILED

00 MAY 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6300 W. LANTANA ROAD
SUITE 30
LAKE WORTH FL 33463

Mailing Address

PO BOX 2523
FT LAUDERDALE FL 33303-2523

2. Principal Place of Business

3. Mailing Address

PO Box 480248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale

4. FEI Number

65-0609578

Applied For

Not Applicable

Zip

Country

Zip

Country

33348

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYER, JAMES N
5301 N FEDERAL HWY
STE 200
BOCA RATON FL 33487

Name

Reyer James N

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.

300003383479--8

-09/06/00--01062--001

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

***\$300.00

***\$150.00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
TSCHANZ, MARTIN
4488 N UNIVERSITY DR
LAUDERHILL FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3015 N. Ocean Blvd, #107
Ft. Lauderdale, FL 33308

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Charles U. Dinsmore III
4488 N University Drive
Lauderhill, FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DINSMORE III CHARLES U.
4488 N UNIVERSITY DRIVE
LAUDERHILL, FL 33351

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alexander Kunz
4488 N University Drive
Lauderhill, FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KUNZ, ALEXANDER
4488 N UNIVERSITY DRIVE
LAUDERHILL, FL 33351

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Charles Dinsmore III
3015 N. Ocean Blvd, #107
Ft. Lauderdale, FL 33348

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Charles Dinsmore III
3015 N. Ocean Blvd, #107
Ft. Lauderdale, FL 33308

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alexander Kunz
3015 N. Ocean Blvd #107
Ft. Lauderdale, FL 33348

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alexander Kunz
3015 N. Ocean Blvd, #107
Ft. Lauderdale, FL 33308

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
408003280024--1
-05/07/00--01070--001
***\$300.00 ***\$150.00

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin's Roman, Pres 4.28.2000 954.567.1857

CR2E034 (9/99)