

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020541

1. Entity Name

YAMATO ORTHOPEDIC AND SPINAL REHABILITATION, INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90219 034 ***150.00

Principal Place of Business

20292 OCEAN KEY DR.
9101 LAKERIDGE BLVD.
BOCA RATON FL 33496
US

Mailing Address

20292 OCEAN KEY DR.
9101 LAKERIDGE BLVD.
BOCA RATON FL 33496-2181
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0651134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GOLDMAN, BRADLEY

Street Address (P.O. Box Number is Not Acceptable)

9101 LAKERIDGE BLVD, #10

City

BOCA RATON

FL

Zip Code

33496

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]

4/15/2000

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, 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 P
NAME GOLDMAN, BRADLEY
STREET ADDRESS 20292 OCEAN KEY DR.
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9101 LAKERIDGE BLVD, #10
CITY-ST-ZIP BOCA RATON, FL 33496-2181

TITLE
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000
Date

800-203-2547
Daytime Phone #