

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000020541**1. Entity Name
YAMATO ORTHOPEDIC AND SPINAL REHABILITATION, INC.

Principal Place of Business	Mailing Address
20292 OCEAN KEY DR. 9101 LAKERIDGE BLVD. BOCA RATON 33496 US	20292 OCEAN KEY DR. 9101 LAKERIDGE BLVD. BOCA RATON 33496 US

2. Principal Place of Business	3. Mailing Address
YAMATO ORTHOPEDIC AND SPINAL REHAB	YAMATO ORTHOPEDIC AND SPINAL REHAB

Suite, Apt. #, etc.	Suite, Apt. #, etc.
9101 LAKERIDGE BLVD. STE 10	9101 LAKERIDGE BLVD. STE 10

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
33496	US	33496	US

4. FEI Number	Applied For
65-0651134	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOLDMAN BRADLEY
9101 LAKERIDGE BLVD #10BOCA RATON
33496
US

FL

7. Name and Address of New Registered AgentName
GOLDMAN BRADLEY S
Street Address (P.O. Box Number is Not Acceptable)
9101 LAKERIDGE BLVD.

STE 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 **BRADLEY S GOLDMAN****01/12/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME GOLDMAN BRADLEY		
STREET ADDRESS 9101 LAKERIDGE BLVD #10		
CITY-ST-ZIP BOCA RATON FL 334962181		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME GOLDMAN BRADLEY S			
STREET ADDRESS 8363 BOCA GLADES BLVD. E			
CITY-ST-ZIP BOCA RATON FL 33434			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bradley S. Goldman

P

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)