

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 029 ***150.00

0029661 AV

DOCUMENT # P96000024347

1. Entity Name

PHYSICAL REHABILITATION SERVICES GROUP INC.

Principal Place of Business

**11454 NW 41ST ST
 CORAL SPRINGS FL 33065
 US**

Mailing Address

**11454 NW 41ST ST
 CORAL SPRINGS FL 33065
 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

65-0650928

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

**GASS, DANNY
 10001 NW 50TH ST
 SUITE 211
 SUNRISE FL 33351**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **STRASSER, MICHAEL C**
 STREET ADDRESS **11454 NW 41ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Delete
 NAME
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

7-9-01 (954) 757-8890

CR2E034 (5/01)

Attachment
DOC# P96000024347 - C0073671

Michael Strasser
Physical Rehabilitation Services Group
11454 NW 41st St.
Coral Springs, Florida
33065

7/9/2001

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: 60 day notice Uniform Business Report FEI# 65-0650928 Doc.# P96000024347

Dear Sir, Madam, or Ms:

As per the phone conversation with your office this morning, I am enclosing a check for \$150.00 for the year 2001 Uniform Business Report along with the report. This is a second response as the original was mailed February 2001 with payment by money order; which apparently was lost. I am unable at this time to verify the status of this payment.

Thank you for your consideration and help in resolving this matter.

Sincerely,



Michael C Strasser
President
PRSG, Inc.