

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 013 ***150.00

DOCUMENT # P96000093391

1. Entity Name

PHYSICAL THERAPY AND REHABILITATION, INC.

Principal Place of Business

**525 S.E. 6TH AVE
DELRAY BEACH FL 33483**

Mailing Address

**1903 S CONGRESS AVE
#400
BOYNTON BCH FL 33426
US**

A0057037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Quantum Lakes Drive

3. Mailing Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip
33426

Country
USA

Zip
33426

Country
USA

4. FEI Number **65-0707595**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIVINS, DANIEL W JR
1903 S CONGRESS AVE
#400
BOYNTON BCH FL 33426**

7. Name and Address of New Registered Agent

Name **Rodger L. Hochman**

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

2500 Quantum Lakes Drive, Suite 1000

City **Boynton Beach, FL**

Zip Code **FL 33426**

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 **Rodger L. Hochman**

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

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC PUSATERI, DANA J 1903 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOBRI, ARTHUR P 1903 S CONGRESS AVE #400 BOYNTON BCH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMANN, DENISE 1903 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERSHES, PAUL 1903 S CONGRESS AVE 400 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hochman, Rodger L. 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hoffman, Richard 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rodger L. Hochman

4/18/01

561-742-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)