

2000 UNIFORM BUSINESS REPORT (UBR)

0028495

DOCUMENT # P97000021941

1. Entity Name

THERAPEUTIC REHABILITATION CENTERS III, INC.

FILED

00 MAY 23 AM 10:36

Principal Place of Business

4488 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address

PO BOX 2523
FT LAUDERDALE FL 33303-2523

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

PO BOX 480248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL. Lauderdale, FL

Zip

Country

Zip

33348

Country

4. FEI Number

65-0737149

Applied For

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 Agent

7. Name and Address of New Registered Agent

REYER, JAMES N
5301 N AFEDERAL HWY
STE 200
BOCA RATON FL 33487

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 \$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 BERG, KENNETH
STREET ADDRESS 3180 SOUTH OCEAN DRIVE #410
CITY-ST-ZIP HALLANDALE FL 33009

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE
NAME TSCHANZ, MARTIN
STREET ADDRESS 3015 P. Ocean Blvd., #107
CITY-ST-ZIP FL. Lauderdale, FL 33308

☒ Change

☐ Addition

TITLE DQ
NAME DIHSMORE, CHARLES
STREET ADDRESS 4488 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL 33351

☐ Delete

TITLE
NAME DIHSMORE, CHARLES L.
STREET ADDRESS 3015 P. Ocean Blvd., #107
CITY-ST-ZIP FL. Lauderdale, FL 33308

☒ Change

☐ Addition

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

☐ Delete

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

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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 supplementary 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:

Markus Redman Pres 4-28-2000 954.567.1857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)