

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 02, 2003 8:00 am  
Secretary of State

MAR17 7 AV

DOCUMENT # **P97000024829**



1. Entity Name  
**PERFORMANCE REHAB, INC.**

05-02-2003 90706 036 \*\*\*150.00

Principal Place of Business  
**1120 NW 93RD AVE  
PLANTATION FL 33322  
US**

Mailing Address  
**1120 NW 93RD AVE  
PLANTATION FL 33322  
US**



2. Principal Place of Business

**2630 Hollywood Blvd**

3. Mailing Address

**2630 Hollywood Blvd**

Suite, Apt. #, etc.

**100**

Suite, Apt. #, etc.

**100**

City & State

**Hollywood**

City & State

**Hollywood**

Zip

**FL**

Country

**33020**

Zip

**FL**

Country

**33020**

CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0728871**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEVORAH, BRIAN M  
1120 NW 93RD AVE  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

**MEVORAH, BRIAN M**

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

**2641 NE 47TH STREET**

City

**LIGHTHOUSE POINT**

FL

Zip Code

**33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MEVORAH, BRIAN M	1120 NW 93RD AVE	PLANTATION FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MEVORAH, BRIAN M	2641 NE 47TH STREET	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**BRIAN MEVORAH 4-28-03**

**954 9165633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)