

# 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**

CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood**

City & State  
**Hollywood**

4. FEI Number **65-0728871**  
Applied For  
 Not Applicable

Zip **FL 33020**

Zip **FL 33020**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MEVORAH, BRIAN M</b><br><b>2641 NE 47TH STREET</b><br><b>LIGHTHOUSE POINT, FL 33064</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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)