

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026976

1. Entity Name

CONTINUECARE OUTPATIENT REHABILITATION MANAGEMENT

FILED

00 APR 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131

Mailing Address

100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131-2158

2. Principal Place of Business

80 S.W. 8th Street

Suite, Apt. #, etc.
Suite 2350

City & State
Miami, FL

Zip
33130

Country
USA

3. Mailing Address

80 S.W. 8th Street

Suite, Apt. #, etc.
Suite 2350

City & State
Miami, FL

Zip
33130

Country
USA

4. FEI Number

65-0748277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301-2551

7. Name and Address of New Registered Agent

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

TITLE P ☒ Delete

NAME FERNANDEZ, CHARLES M
STREET ADDRESS 100 S.E. 2ND STREET 36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE SGC ☒ Delete

NAME TARBE, SUSAN
STREET ADDRESS 100 S.E. 2ND STREET 36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE T ☒ Delete

NAME ALTMAN, BRUCE
STREET ADDRESS 100 S.E. 2ND STREET 36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS ☒ Change ☐ Addition

NAME Spencer J. Angel
STREET ADDRESS 80 S.W. 8th Street, Suite 2350
CITY-ST-ZIP Miami, FL 33130

TITLE VP ☒ Change ☐ Addition

NAME Guillermo Salazar
STREET ADDRESS 80 S.W. 8th Street, Suite 2350
CITY-ST-ZIP Miami, FL 33130

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 305-350-7515
Date Daytime Phone #