

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000031215****1. Entity Name**
BFIT REHAB OF KENDALL, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90938 001 ***150.00**C0059749**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8700 W BRYN MAWR AVENUE
2ND FLOOR
CHICAGO IL 60631
Mailing Address
8700 W BRYN MAWR AVENUE
2ND FLOOR
CHICAGO IL 60631**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4154172**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME **PCED**
STREET ADDRESS **HILLMAN, LEE S**
CITY-ST-ZIP **8700 W BRYN MAWR AVENUE**
CHICAGO IL 60631**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **SVTD**
STREET ADDRESS **DWYER, JOHN W**
CITY-ST-ZIP **8700 W BRYN MAWR AVENUE**
CHICAGO IL 60631**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **SVSD**
STREET ADDRESS **GAAN, CARY A**
CITY-ST-ZIP **8700 W BRYN MAWR AVENUE**
CHICAGO IL 60631**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **ASD**
STREET ADDRESS **MOTZ, LINDA**
CITY-ST-ZIP **8700 W BRYN MAWR AVE**
CHICAGO IL 60631**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **ASD**
STREET ADDRESS **ACQUAVIVA, EARL**
CITY-ST-ZIP **300 E JOPPA**
TOWNDSON MD 21204**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **ATD**
STREET ADDRESS **BARSKY, ALBERT**
CITY-ST-ZIP **8700 BRYN MAWR AVE**
CHICAGO IL 60631**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 119, 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

E.V.P., C.F.O. AND TREASURER

Date

Daytime Phone #

CR2E034 (10/00)