

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90028 015 ***150.00

DOCUMENT # P97000031216

1. Entity Name
BFIT REHAB OF BOCA RATON, INC.

Principal Place of Business W BRYN MAWR AVENUE FLOOR IL 60631	Mailing Address 8700 W BRYN MAWR AVENUE 2ND FLOOR CHICAGO IL 60631-3507
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 36-4154175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLMAN, LEE S 8700 W BRYN MAWR AVENUE CHICAGO IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, JOHN W 8700 W BRYN MAWR AVENUE CHICAGO IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAAN, CARY A 8700 W BRYN MAWR AVENUE CHICAGO IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOTZ, LINDA B 8700 W BRYN MAWR AVE. CHICAGO IL 21204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ACQUAVIVA, EARL 300 E JOPPA TOWSON MD 21204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARSKY, ALBERT 8700 W BRYN MAWR AVE CHICAGO IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ **4/26/00** **773/399-3897**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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EXHIBIT A
TO
2000 UNIFORM BUSINESS REPORT -
BFIT REHAB OF BOCA RATON, INC.

Director, President and Chief Executive Officer
Lee S. Hillman
8700 West Bryn Mawr
Chicago, IL 60631

Director, Executive Vice President, Chief Financial Officer and Treasurer
John W. Dwyer
8700 West Bryn Mawr
Chicago, IL 60631

Director, Senior Vice President, General Counsel and Secretary
Cary A. Gaan
8700 West Bryn Mawr
Chicago, IL 60631

Senior Vice President, Operations
William G. Fanelli
8700 West Bryn Mawr
Chicago, IL 60631

Senior Vice President, Corporate Development
Paul A. Toback
8700 West Bryn Mawr
Chicago, IL 60631

Assistant Treasurer (Director of Tax)
Albert Barsky
8700 West Bryn Mawr
Chicago, IL 60631

Assistant Treasurer
Susan Rehorst
8700 West Bryn Mawr
Chicago, IL 60631

Assistant Secretary
Linda B. Motz
8700 West Bryn Mawr
Chicago, IL 60631

BFIT Rehab of Boca Raton, Inc. - continued

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Assistant Secretary
Earl Acquaviva
8700 West Bryn Mawr
Chicago, IL 60631

Assistant Secretary
Ronald E. Siegel
8700 West Bryn Mawr
Chicago, IL 60631