

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000031216

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



**FILED
Feb 10, 2003 8:00 am
Secretary of State**

02-10-2003 90398 014 ***150.00



CHECK HERE IF MAKING CHANGES

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

| | | | | | |
|-----|---------|-----|---------|------------------------------------|---|
| Zip | Country | Zip | Country | 4. FEI Number 36-4154175 | Applied For <input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|---|

5. Certificate of Status Desired **\$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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HILLMAN, LEE S
STREET ADDRESS 8700 W BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631

Delete

TITLE President, CEO, Chairman, D
NAME Paul A. Tolback
STREET ADDRESS 8700 W. Bryn Mawr Ave
CITY-ST-ZIP Chicago, FL 60631

Change Addition

TITLE D
NAME DWYER, JOHN W
STREET ADDRESS 8700 W BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME GAAN, CARY A
STREET ADDRESS 8700 W BRYN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL 60631

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE AS
NAME MOTZ, LINDA B
STREET ADDRESS 8700 W BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL 21204

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE AS
NAME ACQUAVIVA, EARL
STREET ADDRESS 300 E JOPPA
CITY-ST-ZIP TOWSON MD 21204

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE AT
NAME BARSKY, ALBERT
STREET ADDRESS 8700 W BRYN MAWR AVE
CITY-ST-ZIP CHICAGO IL 60631

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 empowerments.

SIGNATURE: *Signature* **RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)