

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91189 008 \*\*\*150.00

060643 AT

DOCUMENT # P97000031222

1. Entity Name

BFIT REHAB OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

8700 W BRYN MAWR AVENUE  
 2ND FLOOR  
 CHICAGO IL 60631

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

36-4154170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 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, 2002 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ASD ☐ Delete  
 NAME MOTZ, LINDA B  
 STREET ADDRESS 8700 W BRYN MAWR AVE  
 CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ASD ☐ Delete  
 NAME ACQUAVIVA, EARL  
 STREET ADDRESS 300 E JOPPA  
 CITY-ST-ZIP TOWNSON MD 21204

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ATD ☐ Delete  
 NAME BARSKY, ALBERT  
 STREET ADDRESS 8700 W BRYN MAWR AVE  
 CITY-ST-ZIP 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)