

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000031222

1. Entity Name
BFIT REHAB OF WEST PALM BEACH, INC.



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



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4154170

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
TOBACK, PAUL A
8700 W BRYN MAWR AVENUE
CHICAGO, IL 60631

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCF
FANELLI, WILLIAM
8700 W BRYN MAWR AVENUE
CHICAGO, IL 60631

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVSD
BASSEWITZ, MARC D
8700 W BRYN MAWR AVENUE
CHICAGO, IL 60631

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SIEGEL, RONALD E
8700 W BRYN MAWR AVE
CHICAGO, IL 60631

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOTZ, LINDA B
8700 W BRYN MAWR
CHICAGO, IL 60631

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

00000460591
03/20/06-80017-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:

Ronald E Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06
Date

773-380-3000
Daytime Phone #