

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90398 013 ***150.00

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**

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 **36-4154170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	HILLMAN, LEE S	
STREET ADDRESS	8700 W BRYN MAWR AVENUE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	DWYER, JOHN W	
STREET ADDRESS	8700 W BRYN MAWR AVENUE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GAAN, CARY A	
STREET ADDRESS	8700 W BRYN MAWR AVENUE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MOTZ, LINDA B	
STREET ADDRESS	8700 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ACQUAVIVA, EARL	
STREET ADDRESS	300 E JOPPA	
CITY-ST-ZIP	TOWNSON MD 21204	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	BARSKY, ALBERT	
STREET ADDRESS	8700 W BRYN MAWR AVE	
CITY-ST-ZIP	CHICAGO IL 60631	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, CEO, Director, Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul A. Toback	
STREET ADDRESS	8700 W Bryn mawr Ave	
CITY-ST-ZIP	chicago, IL 60631	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)