

2000 UNIFORM BUSINESS REPORT (UBR)

0328480

DOCUMENT # P97000058328

1. Entity Name

THERAPEUTIC REHABILITATION CENTERS IV, INC.

FILED

00 MAY 23 AM 10:39

Principal Place of Business

12121 PEMBROKE ROAD
PEMBROKE PINES FL

Mailing Address

PO BOX 2523
FT LAUDERDALE FL 33303-2523

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

PO BOX 480248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0764881

Applied For
Not Applicable

Zip

Country

Zip

Country

33348

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

REYER, JAMES N
5301 N FEDERAL HWY
STE 200
BOCA RATON FL 33487

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, 2000 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEVINE, MICHAEL | |
| STREET ADDRESS | 9874 NW 6 COURT | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | DPST | <input type="checkbox"/> Delete |
| NAME | TSCHANE, MARTON | |
| STREET ADDRESS | 4488 N UNIVERSITY DR | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DIHSMORE, CHARLES | |
| STREET ADDRESS | 4488 N UNIVERSITY DR | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KUNZ, ALEXANDER | |
| STREET ADDRESS | 4488 N UNIVERSITY DR | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100003280031-9 | |
| STREET ADDRESS | -06/07/00-01070-001 | |
| CITY-ST-ZIP | ****300.00 ****150.00 | |
| TITLE | DPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TSCHANZ, MARTIN | |
| STREET ADDRESS | 3015 N. Ocean Blvd., #107 | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33308 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DINSMORE, CHARLES L. | |
| STREET ADDRESS | 3015 N. Ocean Blvd., #107 | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33308 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alexander Kunz | |
| STREET ADDRESS | 3015 N. Ocean Blvd., #107 | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33308 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 000003383470-6 | |
| STREET ADDRESS | -09/06/00-01062-001 | |
| CITY-ST-ZIP | ****300.00 ****150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin Tschanz, PM 4.28.2000 954.567.1851

CR2E034 (9/99)