

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000084488**

1. Entity Name

ELMHURST REHAB, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90110 029 ***150.00

Principal Place of Business

**143 BERNICE STREET
BENSENVILLE IL 4
US**

Mailing Address

**2929 E. COMMERCIAL BLVD. #306
FT. LAUDERDALE FL 33308-4219**

2. Principal Place of Business

2929 E Commercial Blvd

Suite, Apt. #, etc.

Suite 306

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33308

Country

Broward

Zip

Country

4. FEI Number

58-2351511

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMUELS, LEONARD K ESQ
BERGER DAVIS & SINGERMEN
100 NE 3RD AVE #400
FORT LAUDERDALE FL 33301**

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.

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

TITLE **DP** ☐ Delete
NAME **GUTHRIE, WILLIAM**
STREET ADDRESS **2929 E. COMMERCIAL BLVD #306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE **VST** ☐ Delete
NAME **GREEN, MATTHEW H**
STREET ADDRESS **2929 E. COMMERCIAL BLVD #306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**William Guthrie - 4/18/00 - (954) 938-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02EN24 7/0/00