

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100890

1. Entity Name

BOCA SPINE & REHABILITATION CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90188 005 ***150.00

Principal Place of Business

100 W. CYPRESS CREEK RD.
SUITE 930
FT LAUDERDALE FL 33309

Mailing Address

100 W. CYPRESS CREEK RD.
SUITE 930
FT LAUDERDALE FL 33309-2186

2. Principal Place of Business

101 S. CONGRESS AVE

3. Mailing Address

101 S. CONGRESS AVE

Suite, Apt. #, etc.

SUITE I

Suite, Apt. #, etc.

SUITE I

City & State

DELAWARE, FL

City & State

DELAWARE, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-0801134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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	D	<input type="checkbox"/> Delete
NAME	APPLETON, PHILLY	
STREET ADDRESS	100 W. CYPRESS CREEK RD. SUITE 930	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICRISTOFARO, DANIEL	
STREET ADDRESS	100 W. CYPRESS CREEK RD. SUITE 930	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

01/05/00

954 525-2452

CR2E034 (9/99)