

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90035 041 ***150.00

DOCUMENT # P97000100890

1. Entity Name

BOCA SPINE & REHABILITATION CENTER, INC.



Principal Place of Business

101 S CONGRESS AVE
SUITE I
DELRAY BEACH FL 33445

Mailing Address

101 S CONGRESS AVE
SUITE I
DELRAY BEACH FL 33445

2. Principal Place of Business

NONE

3. Mailing Address

5884 MICHAUX STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33433

4. FEI Number

65-0801134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICRISTOFARO, DANIEL DR.
101 S. CONGRESS AVE
SUITE I
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

5884 MICHAUX STREET

BOCA RATON

FL

Zip Code 33433

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME APPLETON, PHILLY
STREET ADDRESS 101 S. CONGRESS AVE. SUITE I
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition
NAME 1215 S.W 26TH AVE
STREET ADDRESS POMPAH BEACH, FL 33069
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DICRISTOFARO, DANIEL
STREET ADDRESS 101 S. CONGRESS AVE. SUITE I
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition
NAME 5884 MICHAUX STREET
STREET ADDRESS BOCA RATON, FL 33433
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/04 984 2957521
Date Daytime Phone #