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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 10 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PC7000107244**

1. Corporation Name

FEDERAL HIGHWAY NECK AND BACK REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

**4301 N. FEDERAL HIGHWAY #6
POMPANO BEACH, FL 33064**

**4301 N. FEDERAL HIGHWAY
#6
POMPANO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12-03-97

2. Principal Place of Business

4301 N. FEDERAL HIGHWAY

2a. Mailing Address

4301 N. FEDERAL HIGHWAY

4. FEI Number

65-0798312

Applied For

Not Applicable

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

33064

Country

USA

Zip

33064

Country

USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRETT GREENWALD
4301 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature typed, printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PRESIDENT / SECRETARY**

STREET ADDRESS **BRETT GREENWALD**

CITY - ST - ZIP **8681 VIA GIULA BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME **VICE PRESIDENT / TREASURER**

STREET ADDRESS **CRAIG SEUNGER**

CITY - ST - ZIP **22042 BOCA PLACE #822 BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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******\$50.00 ****\$50.00**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Brett Greenwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)