

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 033 ***150.00

659868

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000102244

1. Entity Name
**FEDERAL HIGHWAY NECK AND BACK
 REHABILITATION CENTER, INC.**

Principal Place of Business Mailing Address
4301 N. FEDERAL HWY 4301 N. FEDERAL HWY
SUITE 6 SUITE 6
POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0798313**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GREENWALD, BRETT
4301 N. FEDERAL HWY
SUITE 6
POMPANO BEACH, FL 33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	GREENWALD, BRETT	
STREET ADDRESS	23306 BOCA CHILA CIR.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SELINGER, CRAIG	
STREET ADDRESS	22042 BOCA PLAGE, #822	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, BRETT	
STREET ADDRESS	8495 SE MANGROVE ST	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
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		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **4/30/01** Daytime Phone # **954 224-5421**
 Signature, typed or printed name of signing officer or director

CR2E034 (1/1/00)



Attachment

659868
P9700102244

2 SOUTH UNIVERSITY DRIVE • SUITE 327
PLANTATION, FLORIDA 33324-3355
BROWARD: 954.472.2144
DADE: 305.655.2378
FACSIMILE: 954.472.9244
WEBSITE: WWW.FCTCPA.COM

UNIFORM BUSINESS REPORT INSTRUCTIONS

9700102244

Name: FEDERAL HIGHWAY NECK + BACK REHABILITATION Date: 4/19/01
CENTER, INC
Engagement: 13380-010 Year: 2001

General: The following procedures are applicable to the attached form. This copy is for your records. Please **send us a copy** of the executed form for our files.

Signature: An officer's signature, printed name, title and date are required.

Filing Date: Prior to May 1, 2001

Payment: \$150 (After 5/1/01 - \$550.00). Payable to: **Department of State**

Note: The filing of this report, together with the filing fee, is required to maintain the Corporation in "good standing" status with the State of Florida. Be certain that all of the officers, directors and Resident Agent of the corporation are correctly listed together with their respective addresses. **Make whatever corrections necessary directly on the form.** Please call our office if you intend to change the designated Resident Agent or if you have any questions.

Failure to timely file and pay the required fee may result in involuntary dissolution of the corporation by the Secretary of State's office; in which case, neither the Corporation's name nor its right to sue or defend itself against a lawsuit will be protected.

Note: Item 9 (re Intangible Tax) must NOT be checked.

Mail to: Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

You can also file on the Internet as follows:

www.sunbiz.org

Select: Electronic Filing

Select: Uniform Business Report

Business entity Document Number is found in Block 1 of the Report

Electronic Access Code Number is found in the lower right hand corner of the cover letter.

The filing fee can be paid by debit card or your Discover credit card.