

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 047 ***150.00

DOCUMENT # P97000102244

1. Entity Name

Federal Highway Neck and Back Rehabilitation Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4301 N. Federal Highway

2 South University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#6

Suite 327

City & State

City & State

Pompano Beach, FL

Plantation, FL

Zip

Country

Zip

Country

33064

USA

33324

USA

4. FEI Number

65-0798313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brett Greenwald

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

4301 N. Federal Highway #6

City

Pompano Beach

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P

NAME Brett Greenwald

STREET ADDRESS 8495 SE Mangrove St

CITY-ST-ZIP Hobe Sound, FL 33455

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VPT

NAME Craig Selinger

STREET ADDRESS 22042 Boca Place #822

CITY-ST-ZIP Boca Raton, FL 33433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Brett Greenwald

Date

954-581-0124

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**