

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000103660**

1. Entity Name

**FORT LAUDERDALE SPINE & REHABILITATION CENTER, I****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90238 026 \*\*\*150.00

Principal Place of Business

**1012 NW 10TH AVE  
FORT LAUDERDALE FL 33311**

Mailing Address

**1012 NW 10TH AVE  
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number ~~65-0010220~~**65-1064818**

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

**DR. DANIEL D. CRISTOFARO**

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

**1012 N.W. 10TH AVE**

City

**FT. LAUDERDALE, FL**

FL

Zip Code

**33311**

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.

**DR. DANIEL D. CRISTOFARO Pres.****01/08/01**

(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, 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 **D** ☐ Delete  
NAME **APPLETON, PHILLY**  
STREET ADDRESS **100 W. CYPRESS CREEK RD. SUITE 930**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE **D** ☐ Delete  
NAME **DICRISTOFARO, DANIEL**  
STREET ADDRESS **100 W. CYPRESS CREEK RD. SUITE 930**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Delete  
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1012 N.W. 10TH AVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1012 N.W. 10TH AVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**TITLE ☐ Change ☐ Addition  
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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 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

**DR. DANIEL D. CRISTOFARO****01/08/01**

Date

**954 525 2452**

Daytime Phone #

CR2E034 (10/00)