

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90125 033 ***150.00

DOCUMENT # P97000103660

1. Entity Name
**FORT LAUDERDALE SPINE & REHABILITATION CENTER, I
NC.**



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
101 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
I

City & State

City & State
DELMAR BEACH, FL

Zip

Country

Zip
33445

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0818220**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CRISTOFARO, DANIEL D DR
1012 NW 10TH AVE
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

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

101 S. CONGRESS AVE

SUITE I

City
DELMAR BEACH

FL

Zip Code
33445

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, 2003 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	APPLETON, PHILLY	1012 NW 10TH AVE	FORT LAUDERDALE FL 33311	<input type="checkbox"/>
D	DICRISTOFARO, DANIEL	1012 NW 10TH AVE	FORT LAUDERDALE FL 33311	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
		101 S. CONGRESS AVE SUITE I	DELMAR BEACH, FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		101 S. CONGRESS AVE SUITE I	DELMAR BEACH, FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **DICRISTOFARO, DANIEL D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/09/03 5612R-R7R

Date

Daytime Phone #

CR2E034 (10/02)