

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016038

DOCUMENT # P97000107531

FILED

1. Entity Name

ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.

00 FEB -2 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

249 N. WIND CT.  
PONTE VEDRA BEACH FL 32082

249 N. WIND CT.  
PONTE VEDRA BEACH FL 32082-1952

2. Principal Place of Business

3. Mailing Address

626 MARSH LANDING PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 228

City & State

City & State

JACKSONVILLE BEACH FL

Zip

Country

Zip

Country

32260

USA

4. FEI Number

59-3482583

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMAND, ALAN B  
10192 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

Name  
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue, Suite 3000

City  
Miami

FL

Zip Code  
33131

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

*Donald W. Workis*

*Vice President*

1-31-00

Signature, typed or printed name 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
POLISNER, RICHARD I  
STREET ADDRESS  
249 N. WIND CT.  
CITY - ST - ZIP  
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600003128246-4  
-02/08/00--01122--027  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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

*RICHARD POLISNER PRES 1/26/00*

Date

Daytime Phone #

0014 (3/99)