

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90073 006 ***150.00

DOCUMENT # P97000107531

1. Entity Name

ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.

Principal Place of Business

326 MARSH LANDING PKWY.
SUITE 228
JACKSONVILLE BEACH FL 32250

Mailing Address

626 MARSH LANDING PKWY.
SUITE 228
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

333 N. 1ST STREET
Suite, Apt. #, etc. 102

3. Mailing Address

333 N. 1ST STREET
Suite, Apt. #, etc. 102

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip

Country

Zip

Country

32250

DUVAL

32250

DUVAL

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
WILLIAM R. TARBART
Street Address (P.O. Box Number is Not Acceptable)
333 N. 1ST STREET
#102
City
JACKSONVILLE BEACH FL
Zip Code
32250

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]
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R. TARBART

(NOTE: Registered Agent signature required when reinstating)

1-9-01

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
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PRESIDENT/DIRECTOR ☒ Change ☐ Addition
STREET ADDRESS
333 N. 1ST STREET #102
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE
NAME
VICE PRES/DIRECTOR ☐ Change ☒ Addition
STREET ADDRESS
PAUL SHIRLEY
333 N. 1ST STREET #102
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE
NAME
SECRETARY/TREAS/DIRECTOR ☐ Change ☒ Addition
STREET ADDRESS
WILLIAM R. TARBART
333 N. 1ST STREET #102
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. TARBART, SECRETARY

Date

Daytime Phone #

1/9/01 (904) 249-0813

CR2E034 (10/00)