

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 005 ***558.75

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1. Entity Name
ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.

Principal Place of Business
**905 BEACH BLVD. SUITE B
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**3948 S. 3RD. ST. BOX 390
JACKSONVILLE, FL 32250**

2. Principal Place of Business
906 Beach Blvd.

3. Mailing Address
6861 S.W. 196 Ave.



Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
Bldg. 200

08082004 Chg-P CR2E034 (10/03)

City & State
Jacksonville Beach Fl.

City & State
Ft. Lauderdale Fl.

4. FEI Number
59-3482583

Applied For
Not Applicable

Zip
32250

Country

Zip
33332

Country

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

6. Name and Address of Current Registered Agent

**PRITCHARD, ROBERT H ESQUIRE
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering.)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLISNER, RICHARD I	
STREET ADDRESS	333 N 1ST STREET, #210	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHIRLEY, PAUL	
STREET ADDRESS	333 N 1ST STREET, #210	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TARBART, WILLIAM R	
STREET ADDRESS	333 N 1ST STREET, #210	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Assignee Michael M. Moeker	
STREET ADDRESS	6861 S.W. 196 Ave. Bldg. 200	
CITY-ST-ZIP	Ft. Lauderdale Fl. 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael M. Moeker, Assignee 9-7-04

Date

Daytime Phone #

954-233-1560