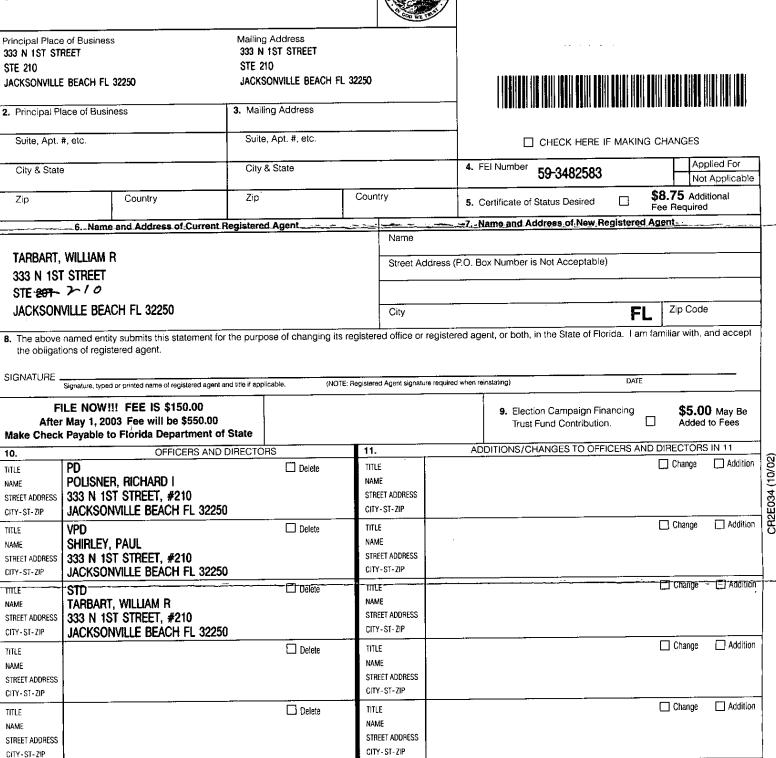
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000107531 DOCUMENT

1. Entity Name

ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.



SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

Change

Addition

FILED

Feb 04, 2003 8:00 am

Secretary of State

02-04-2003 90115 012 ***150.00