

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001350

1. Entity Name

HALLANDALE ORTHOPAEDIC REHAB, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90124 017 ***150.00

Principal Place of Business

Mailing Address

1001 N FEDERAL HWY
STE 102
HALLANDALE FL 33009

1001 N FEDERAL HWY
STE 102
HALLANDALE FL 33009-2412

2. Principal Place of Business

1001 N FEDERAL HWY
Suite, Apt. #, etc.
UNIT 106

3. Mailing Address

1001 N FEDERAL HWY
Suite, Apt. #, etc.
UNIT 106

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

65-0802780

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE

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

TITLE **P** ☒ Delete
NAME **WHITNEY, ROBERT**
STREET ADDRESS **1001 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **V** ☒ Delete
NAME **WHITNEY, AMANDA L**
STREET ADDRESS **1001 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **WHITNEY, BROOKE**
STREET ADDRESS **1001 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **OBRAM, COLEEN**
STREET ADDRESS **1001 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **ST** ☐ Delete
NAME **ANDREWS, R.M.**
STREET ADDRESS **1001 N FEDERAL HWY, STE 102**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **WHITNEY, BROOKE**
STREET ADDRESS **1001 N FEDERAL HWY UNIT 106**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☒ Change ☐ Addition
NAME **OBRAM, COLEEN**
STREET ADDRESS **1001 N FEDERAL HWY UNIT 106**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☒ Change ☐ Addition
NAME **ANDREWS, R.M.**
STREET ADDRESS **1001 N FEDERAL HWY UNIT 106**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

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:

R.M. Andrews **R.M. Andrews** **ST** **4/17/2000** **954 458 5963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)