

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90010 022 \*\*\*150.00

**DOCUMENT # P98000084171**

1. Entity Name

**REHAB SYSTEMS OF BOCA RATON, P.A.**

Principal Place of Business

**9237G VINELAND COURT  
 BOCA RATON FL 33496**

Mailing Address

**9237G VINELAND COURT  
 BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

**3066 Jog Road**  
 Suite, Apt. #, etc.

**3066 Jog Road**  
 Suite, Apt. #, etc.

City & State

**Greenacres, FL**

City & State

**Greenacres, FLORIDA**

Zip

**33463**

Country

**USA**

Zip

**33463**

Country

**USA**

4. FEI Number

**65-0866507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GELLER, JEFFREY S  
 %HODGSON, RUSS, ANDREWS, WOODS & GOODYEAR  
 2000 GLADES ROAD, SUITE 400  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Mark Weinstock**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2699 S. Bayshore drive**  
 City **Miami** FL Zip Code **33133**

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 **MARK WEINSTOCK, CPA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/15/01**

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 **D** ☒ Delete  
 NAME **COHEN, JONATHAN**  
 STREET ADDRESS **9237G VINELAND COURT**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **JONATHAN L. Cohen**  
 STREET ADDRESS **3066 JOG ROAD**  
 CITY-ST-ZIP **Greenacres, FLORIDA 33463**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-5-2001** **543-0412**

CR2E034 (10/00)

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