

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90072 021 \*\*\*150.00

**DOCUMENT # P98000084171**

1. Entity Name  
**REHAB SYSTEMS OF BOCA RATON, P.A.**

Principal Place of Business  
**3066 JOG ROAD  
 GREENACRES FL 33463**

Mailing Address  
**3066 JOG ROAD  
 GREENACRES FL 33463**

2. Principal Place of Business  
**3066 Jog Road**

3. Mailing Address  
**3066 Jog Road**

Suite, Apt. #, etc.

City & State  
**Greenacres FL**

City & State  
**Greenacres, FL**

Zip  
**33463**

Country  
**Palm Beach**

Zip  
**33463**

Country  
**Palm Beach**

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

**WEINSTOCK, MARK  
 2699 S BAYSHORE DRIVE  
 MIAMI FL 33133**

## 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 \_\_\_\_\_ (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, 2002 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 |                            |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|----------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>COHEN, JONATHAN L</b>   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>3066 JOG ROAD</b>       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>GREENACRES FL 33463</b> |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | 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

**01/10/02** **561 357-5883**

Date Daytime Phone #

CR2E034 (9/01)