

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90175 023 ***150.00

DOCUMENT # P99000011794

1. Entity Name
MIAMI SHORES SPINE & REHABILITATION CENTER, INC.

Principal Place of Business

9702 N.E. 2ND AVE.
MIAMI SHORES FL 33138

Mailing Address

9702 N.E. 2ND AVE.
MIAMI SHORES FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

101 S. CONGRESS AVE

Suite, Apt. #, etc.

SUITE I

City & State

City & State
DELRAY BEACH, FL

4. FEI Number

65-0893265

Applied For

Not Applicable

Zip

Country

Zip
33445

Country
USA

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

6. Name and Address of Current Registered Agent

DICRISTOFARO, DANIEL DR.
9702 N.E. 2ND AVE.
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name
DR DANIEL DICRISTOFARO

Street Address (P.O. Box Number is Not Acceptable)
101 S. CONGRESS AVE

SUITE I

City
DELRAY BEACH

FL

Zip Code
33445

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **DICRISTOFARO, DANIEL DR.**
STREET ADDRESS **9702 N.E. 2ND AVE.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VPD** ☐ **Delete**
NAME **APPLETON, PHILLIP DR.**
STREET ADDRESS **9702 N.E. 2ND AVE.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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**
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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

01/10/02

561 279 7979

Date

Daytime Phone #

CR2E034 (9/01)