

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90035 043 ***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

101 S CONGRESS AVE
SUITE I
DELRAY BEACH FL 33445
US

2. Principal Place of Business

NONE

3. Mailing Address

5884 MICHAUX STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POCA RATON, FL

Zip

Country

Zip

33433

Country

4. FEI Number

65-0893265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICRISTOFARO, DANIEL DR.
101 S CONGRESS AVE
SUITE I
DELRAY BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

5884 MICHAUX STREET

City

POCA RATON

FL

Zip Code

33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DICRISTOFARLO, DANIEL DR.
101 S. CONGRESS AVE SUITE I
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5884 MICHAUX STREET
POCA RATON, FL 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
APPLETON, PHILLIP DR.
101 S. CONGRESS AVE SUITE I
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1215 S.W 26TH AVE
POMPAUNO BEACH, FL 33069** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 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

2/5/04

Date

954 295 7521

Daytime Phone #