

FILED

03 MAR -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000020525					
1. Entity Name ALLIED REHABILITATION SERVICES, INC.					
Principal Place of Business 8854 NORTH PASSAGE WAY TEQUESTA, FL 33469			Mailing Address 8854 NORTH PASSAGE WAY TEQUESTA, FL 33469		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0922209	
				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		
M.F. ASSOCIATES, INC. 11380 PROSPERITY FARMS RD 112 PALM BEACH GARDENS, FL 33410			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. 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 returning.)					
DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	POSNER, MYRNA		NAME		
STREET ADDRESS	8854 NORTH PASSAGE WAY		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, B. SCOTT		NAME		
STREET ADDRESS	8854 NORTH PASSAGE WAY		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____			Date: 2/23/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2EC34 (10/02)