

2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90003-021-\$150.00-\$150.00

DOCUMENT # P99000022867

1. Entity Name

BRAIN INJURY TREATMENT CENTER, INC.

FILED

00 JUL 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308-5968

2. Principal Place of Business

110 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 201

City & State

Hallandale, FL

Zip

33009

Country

US

3. Mailing Address

110 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 201

City & State

Hallandale, FL

Zip

33009

Country

US

4. FEI Number

65-090-2504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLLANDER, BRUCE L ESQ

901 SOUTH STATE ROAD 7, PENTHOUSE C
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

HOLLANDER, BRUCE L ESQ

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

110 N. FEDERAL HWY SUITE 201

City

HALLANDALE BEACH

FL

Zip Code

33009

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 Bruce Hollander, ESQ.

3/8/00

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, 2000 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 DP
NAME GOLSTEIN, JEFFREY
STREET ADDRESS 4001 OCEAN DRIVE
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

☐ Delete

TITLE VICE PRESIDENT, M.D.
NAME DR. PAUL WAND, M.D.
STREET ADDRESS 4001 OCEAN DRIVE
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

☐ Delete

TITLE SECRETARY/TREASURER
NAME GLADYS GARCIA
STREET ADDRESS 110 N. FEDERAL HWY STE. 201
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GOLSTEIN, JEFFREY
STREET ADDRESS 110 N. Federal Hwy Ste. 201
CITY-ST-ZIP Hallandale, FL 33009

☒ Change

☐ Addition

TITLE VICE PRESIDENT
NAME DR PAUL WAND, M.D.
STREET ADDRESS 110 N. FEDERAL HWY STE #201
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE SECRETARY/TREASURER
NAME GARCIA, GLADYS
STREET ADDRESS 110 N FEDERAL HWT STE #201
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

Date

Daytime Phone #

CR2034 (9/99)

TS