

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90149 017 ***150.00

DOCUMENT # P99000024650

1. Entity Name

Sheree Syden Rehabilitation, Inc.

DO NOT WRITE IN THIS SPACE

92329

2. Principal Place of Business

13005 SOUTHERN BLVD

Suite, Apt. #, etc.

SUITE 124

City & State

LOXAHATCHEE FL

Zip

33470

Country

PALM BEACH

3. Mailing Address

13005 SOUTHERN BLVD

Suite, Apt. #, etc.

SUITE 124

City & State

LOXAHATCHEE FL

Zip

33470

Country

PALM BEACH

4. FEI Number

65-0903304

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
HAROLD M LIGHTMAN MBA

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

2700 PGA BLVD SUITE 201B

City
PALM BEACH GARDENS

FL

Zip Code
33410

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

5/1/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SHEREE SYDEN
STREET ADDRESS	13365 NORTHUMBERLAND CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33414

TITLE	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Sheree Syden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)