

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025626

1. Entity Name

KESSLER REHABILITATION OF FLORIDA, INC.

FILED

00 FEB 29 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000800

Principal Place of Business Mailing Address  
300 EXECUTIVE DRIVE 300 EXECUTIVE DRIVE  
WEST ORANGE NJ 07052 WEST ORANGE NJ 07052-3327

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 Applied For  
58-2451604 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

F & L CORP.  
THE GREENLEAF BUILDING, THIRD FLOOR  
200 LAURA STREET  
JACKSONVILLE FL 32201-0240

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.

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, 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	Director, President	<input type="checkbox"/> Delete
NAME	Kenneth W. Aitchinson	
STREET ADDRESS	300 Executive Drive, Ste. 275	
CITY-ST-ZIP	West Orange, NJ 07052	
TITLE	Director, Vice President	<input type="checkbox"/> Delete
NAME	Irena De Masi	
STREET ADDRESS	300 Executive Drive, Ste. 275	
CITY-ST-ZIP	West Orange, NJ 07052	
TITLE	Director, Treasurer	<input type="checkbox"/> Delete
NAME	Robert A. Pudlak	
STREET ADDRESS	300 Executive Drive, Ste. 275	
CITY-ST-ZIP	West Orange, NJ 07052	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Mary Anna McDonald	
STREET ADDRESS	300 Executive Drive, Ste. 275	
CITY-ST-ZIP	West Orange, NJ 07052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

Date

Daytime Phone #

KE