

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 009 ***550.00

DOCUMENT # P990000 25626

1. Entity Name

Kessler Rehabilitation of Florida, Inc.

671635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Executive Drive

Suite, Apt. #, etc.

3. Mailing Address

300 Executive Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Orange, NJ

Zip
07052

Country

City & State

West Orange, NJ

Zip

07052

Country

4. FEI Number

58-2451604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

F+L Corp.

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

The Greenleaf Building, Third Floor

200 Laura Street

City Jacksonville

FL

Zip Code

32201-0240

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) ☐

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 State

10. Election Campaign Financing

Trust Fund Contribution. ... ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Aitchison, Kenneth W. 300 Executive Drive Suite 275 West Orange, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP De Masi, Irene 300 Executive Drive, Suite 275 West Orange, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Pullok, Robert A. 300 Executive Drive Suite 275 West Orange, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McDonald, Mary Anne 300 Executive Drive, Suite 275 West Orange, NJ 07052
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**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02

Date

(973) 243-8514

Daytime Phone #

CR2E034B (12/01)