

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0118238 AT

DOCUMENT # **P99000025626**

1. Entity Name
KESSLER REHABILITATION OF FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 17 PM 3:28

Principal Place of Business
**300 EXECUTIVE DRIVE
WEST ORANGE NJ 07052**

Mailing Address
**300 EXECUTIVE DRIVE
WEST ORANGE NJ 07052**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2451604**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
AITCHINSON, KENNETH W
300 EXECUTIVE DRIVE, STE. 275
WEST ORANGE NJ 07052** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ARTHUR DOLDRESCO
300 EXECUTIVE DRIVE, SUITE 275
WEST ORANGE, NJ 07052** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
DE MASI, IRENA
300 EXECUTIVE DRIVE, STE. 275
WEST ORANGE NJ 07052** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DON RYAN
300 EXECUTIVE DRIVE, SUITE 275
WEST ORANGE, NJ 07052** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PUDLAK, ROBERT A
300 EXECUTIVE DRIVE, STE. 275
WEST ORANGE NJ 07052** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Asst. Secretary
DENISE HOGAN
300 EXECUTIVE DRIVE, SUITE 275
WEST ORANGE, NJ 07052** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCDONALD, MARY ANNA
300 EXECUTIVE DRIVE, STE. 275
WEST ORANGE NJ 07052** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900021745499
07/23/03--01048--033 **8.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900021745499
07/23/03--01048--034 **\$50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

Daytime Phone #

CR2E034 (4/03)