

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036431

1. Entity Name

CONCORD REHAB SPECIALISTS, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90091 046 \*\*\*158.75

Principal Place of Business Mailing Address  
9350 SOUTH DADELAND BLVD SUITE 101 9350 SOUTH DADELAND BLVD SUITE 101  
MIAMI FL 33156 MIAMI FL 33156-2706

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 65-0912304 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHOI, RICARDO  
510 NW 207TH AVENUE  
PEMBROKE PINES FL 33029

## 7. Name and Address of New Registered Agent

Name JEAN SEALY  
Street Address (P.O. Box Number is Not Acceptable)  
9350 S. DADELAND BLVD. STE 101  
City MIAMI FL Zip Code 33156

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 Sealy Jean Sealy DATE 4/28/2000  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

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 D ☒ Delete  
NAME CHOI, MONICA  
STREET ADDRESS 9350 SOUTH DADELAND BLVD SUITE 101  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete  
NAME SEALY, JEAN  
STREET ADDRESS 9350 SOUTH DADELAND BLVD SUITE 101  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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)(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: Sealy Jean Sealy DATE 4/28/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)