

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90059 010 \*\*\*150.00

DOCUMENT # **P9900055433** ✓  
1. Entity Name  
**Atlantic Health + Rehab, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1433 S. Powerline Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1433 S. Powerline Rd**  
Suite, Apt. #, etc.

City & State  
**Pompano Beach, FL**  
Zip  
**33069**  
Country  
**USA**

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Zip  
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4. FEI Number  
**65-0930328**  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Dr. Marvin Merrit**

Street Address (P.O. Box Number is Not Acceptable)  
**1433 S. Powerline Rd**

City **Pompano Beach** FL Zip Code **33069**

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 \$350.00  
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	<b>President Marvin Merrit 1433 S. Powerline Rd Pompano Beach, FL 33069</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President David L. Pass 1433 S. Powerline Rd Pompano Beach, FL 33069</b>
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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 like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marvin J. Merrit, Pres. 4/30/02 954.968-4441**

Date

Daytime Phone #

CR2E034B (12/01)