2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90087 015 ***150.00

DOCUMENT # P99000066209 R

1. Entity Name
SUNRISE NECK AND BACK REHABILITATION CENTER, PA

Principal Place of Business	Mailing Address
8338 W. OAKLAND PK BLVD SUNRISE, FL 33351	8338 W. OAKLAND PK BLVD SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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 65-0940881 ☐ Applied For ☐ 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
BRETT GREENWALD, 23306 BOCA CHICA CIRCLE BOCA RATON, FL 33433	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 Dr. Brett Greenwald
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BRETT GREENWALD 23306 BOCA CHICA CIRCLE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRAIG SELINGER 2023 NEO CASTLE B BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DAVID J. DORFMAN 6057 NW 77th DRIVE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: M Brett Greenwald 4/28/00 (954)581-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment # P99000066209
B0104984

Dr. Brett Greenwald DC

Chiropractic Physician

UNIVERSAL
COMMITMENT
TO HEALTH...
Through Chiropractic

5450 S. State Road 7
Fort Lauderdale, Florida 33314
(954) 581-3958

7/21/00

To whom it may concern,

I am returning the annual report and also a completed check for $150.00. The letter that you sent us is dated June 9 but the postmark on the envelope is June 23rd. I was out of town for a funeral & came back and just got this letter. Enclosed you will find a copy of the postmarked envelope. If you need any information please call Jeneane at (954) 581-0124.

Thank you.

Dr. Brett Greenwald