

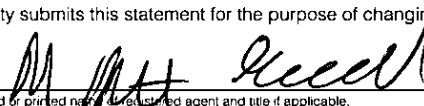
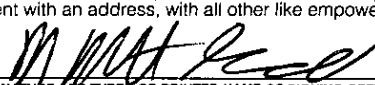
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90014 021 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 799000066209 1. Entity Name SUNRISE NECK AND BACK REHABILITATION CENTER, INC.				<p>DO NOT WRITE IN THIS SPACE</p>		
Principal Place of Business 8338 W. OAKLAND PARK BLVD. SUNRISE, FL 33351		Mailing Address 8338 W. OAKLAND PARK BLVD. SUNRISE, FL 33351				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country		City & State Zip Country				
4. FEI Number 65-0940881				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<p>DO NOT WRITE IN THIS SPACE</p>		
6. Name and Address of Current Registered Agent CLEEN IDALD, BRETT 23306 BOCA CHICA CIRCLE BOCA RATON, FL 33433						
7. Name and Address of New Registered Agent Name GREENWALD, BRETT Street Address (P.O. Box Number is Not Acceptable) 8495 SE MANGROVE ST. City HOBE SOUND FL Zip Code 33455						
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GREENWALD, BRETT 23306 BOCA CHICA CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENWALD, BRETT 8495 SE MANGROVE ST. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BVP SELINGER, CRAIG D.C. 2023 NEW CASTLE B BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORFMAN, DAVID J D.C. 6057 N.W. 77 DRIVE PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/30/01 Daytime Phone # 954/2245421			

CR2E034 (11/00)