

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 045 ***150.00

DOCUMENT # P99000066209

1. Entity Name

Sunrise Neck and Back Rehabilitation Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8338 West Oakland Park Blvd
Suite, Apt. #, etc.

3. Mailing Address

2 South University Dr.

Suite, Apt. #, etc.

Suite 327

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL

City & State

Plantation, FL

Zip

33351

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0940881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Brett Greenwald

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

Signature typed or printed 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 \$550.00
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

P
NAME Brett Greenwald, D.C.

STREET ADDRESS 8495 SE Mangrove St

CITY-ST-ZIP Hobe Sound, FL 33455

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP
NAME Craig Selinger, D.C.

STREET ADDRESS 2023 New Castle B

CITY-ST-ZIP Boca Raton, FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

ST
NAME David J. Dorfman, D.C.

STREET ADDRESS 6057 NW 77th Drive

CITY-ST-ZIP Parkland, FL 33067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brett Greenwald
Brett Greenwald

5/2/02

Date

954-581-0124

Daytime Phone #