

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104201

1. Entity Name

FLORIDA ORTHOPEDIC REHABILITATION ASSOCIATES, P.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 31 PM 12:34

Principal Place of Business

215 S. MONROE ST., 2ND FLOOR  
TALLAHASSEE FL 32301

Mailing Address

215 S. MONROE ST., 2ND FLOOR  
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 N. Monroe Street

3. Mailing Address

101 N. Monroe Street

Suite, Apt. #, etc.

Suite 725

Suite, Apt. #, etc.

Suite 725

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-0977886

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, A. KENNETH  
PENNINGTON, MOORE, ET AL  
215 S. MONROE ST., 2ND FLOOR  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Levine, A. Kenneth

Street Address (P.O. Box Number is Not Acceptable)

101 N. Monroe Street

Suite 725

City

Tallahassee

FL

Zip Code  
32301

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]*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME ASHRAF, BAHMAN  
STREET ADDRESS 120 WOOD AVENUE, SOUTH STE. 305  
CITY-ST-ZIP ISELIN NJ 08830 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
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CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)