2001 UNIFORM BUSINESS REPORT (UBR)

DOGUMENT # \$10649 1. Entity Name

FORT LAUDERDALE CENTER FOR THERAPY AND REHABILIT

Principal Place of Business

Mailing Address

3. Mailing Address

2303 Honywood

Suite, Apt. #, etc.

400 B E PROSPECT RD FT. LAUDERDALE FL 33334

2. Principal Place of Business

Suite, Apt. #, etc.

2303 HOLLYWOOD BOVIEVALD

400 B E PROSPECT RD FT. LAUDERDALE FL 33334

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90131 025 ***150.00



DO NOT WRITE IN THIS SPACE

City & State	y wood	FL	City & State Holiy wood 1	<u> </u>	4. FEI Number	65-0228704	<u> </u>	polica For ot Applicable	
Zip 33 (20	Country U-S.A.	Zip 33020	Country U.S.A.	5. Certificate of Sta		\$8.75 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent				
GOLDMAN, JEROME 1300 CROWN POINT				Name	Name				
				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	INGTON F								
				City		rw ^a h	Zip Coo	<u> </u>	
		<u> </u>				FL	210 000		
8. The above	named entity	y submits this statement for	the purpose of changing its	registered office or regis	ered agent, or both, in	the State of Florida.		Ì	
SIGNATURE Signature. Typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when refreshating) DATE									
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00									
7				01 Fee will be \$550.00	1	Campaign Financing nd Contribution.	\$5.0 Adde	00 May Be	
(See criter	ia on back)		Make Check Payal	ole to Department of S	tate	na Contabation.	_ Aude	1101 663	
11.		OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTOR		
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BOULEVARD

I hereby certify that the information supplied with this filling 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: JEROME B. GOLDMAN, PRES