

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19999

1. Entity Name

PHYSICIANS DIAGNOSTIC AND REHABILITATION CENTER, *P*

Principal Place of Business

4275 OKEECHOBEE BLVD
STE I
W PALM BEACH FL 33409

Mailing Address

4275 OKEECHOBEE BLVD
STE I
W PALM BEACH FL 33409

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

65-0231892

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

BARD, PERRY M
4275 OKEECHOBEE BLVD
STE I
W PALM BEACH FL 33409

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

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS BARD, PERRY M.
CITY-ST-ZIP 4275 OKEECHOBEE BLVD #1
W PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/00

(561) 640-9999

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90032 046 ***150.00



DO NOT WRITE IN THIS SPACE

HEALTH - 1ST

Medical & Chiropractic Centers

- AUTO-WORK INJURIES
- SPORTS INJURIES

- PHYSICAL MEDICINE
- PAIN MANAGEMENT

- INTERNAL MEDICINE
- ANESTHESIOLOGY

- SCHOOL/SPORTS PHYSICALS
- REHABILITATION

4275 OKEECHOBEE BLVD.
SUITE H
WEST PALM BEACH, FLORIDA 3340
(561) 640-9999

1403 W. BOYNTON BEACH BLVD.
SUITE 13
BOYNTON BEACH, FLORIDA 33426
(561) 732-8333

6447 LAKE WORTH ROAD
JOG ROAD MEDICAL BLDG.
LAKE WORTH, FLORIDA 33461
(561) 640-7546

ATTN: HIRSH
S19999
A0079155

Mohammed T. Javed, M.D.; Alice I. Feniquito, M.D.; Perry M. Bard, D.C.; Morris Finkle, D.C.

09/11/00

Florida Department of State
Division of Corporations
RE: active Status - FEI 65-0231892

As per my phone conversation with your office,
I had informed them that I never had
received the first invoice, or request or
filing the active re-nuval corporation package.
The person I spoke to instructed me to send
the second notice in with this letter,
+ \$150.00 dollars. It would then be
reviewed.

I thank-you in advance for your time
+ consideration.

Perry Bard
President-Owner

Physicians Diagnostic + Rehabilitation,
Laura B.
Office Manager.