

CAPITAL CONNECTION 850 222 1222
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05/16 '02 08:53 NO.653 02/02

DOCUMENT # **819999**

1. Entity Name

Physicians Diagnostic and Rehabilitation Center, Inc.

FILED

02 MAY 17 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4275 Okeechobee Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite - I

Same

City & State

City & State

West Palm Beach, Florida

Same

Zip

Country

Zip

Country

33409

Palm Beach

same

same

4. FEI Number

65-0231892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bard, Perry M.

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

4275 Okeechobee Blvd. Suite-I

City

West Palm Beach

FL

Zip Code

33409

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Bard, Perry M.
4275 Okeechobee Blvd. #I
West Palm Beach, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200005620562--6
-05/28/02--01019--024
******150.00 ****150.00**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

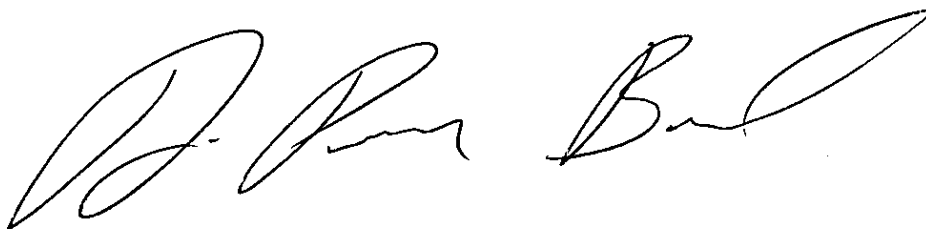
05-16-02 (561)
703-3408

272

To: Florida Department of State
Division of Corporations

From: Physicians Diagnostic and Rehabilitation Center, Inc.
RE: Uniform Business Report

Please note that it has come to my attention, that our office has as of yet, to receive the file form to renew. Upon calls to your office, I was told to put This in writing along with a completed form and \$150.00.
I thank-you in advance.



RECEIVED
02 MAY 17 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA