

2002 UNIFORM BUSINESS REPORT (UBR)

0059943 AV

DOCUMENT # L48314
 1. Entity Name
REHABILITATION AND RECOVERY, INC.

FILED

02 JUL 16 PM 3:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 11900 BISCAYNE BLVD #604 MIAMI FL 33181 US

Mailing Address
 11900 BISCAYNE BLVD #604 MIAMI FL 33181 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 620 Sabal Palm Rd
 Suite, Apt. #, etc.
 Miami, FL
 City & State
 33137 USA

4. FEI Number
 65-0948631

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERNSTEIN, JOEL
 11900 BISCAYNE BLVD SUITE 604 MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name **Barth A. Green**
 Street Address (P.O. Box Number is Not Acceptable)
 620 SABAL PALM RD
 City **MIAMI** Zip Code **33137**
 State **FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barth A. Green* DATE **7/10/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, BARTH A. 620 SABAL PALM RD. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEININGER, JAMES R. 8256 TESORO DRIVE SAN ANTONIO TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100006471551-8 -07/17/02--01056--023 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, JEROME 10180 W/ BAY HARBOR DR. # 5B BAY HARBOR ISLAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, BERGFORS, CURT 660 S MASHTA DR KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Barth A. Green* **7/10/02 305 5730385**

CR2E034 (4/02)

Attachment
Document #
948314
Law Offices

850-488-
9000

JOEL BERNSTEIN, ESQ., P.A.

11900 Biscayne Blvd., Suite 604
Miami, Florida 33181

Telephone: 305.892.1122
Facsimile: 305.892.0822

July 2, 2002

Barth Green
Rehabilitation and Recovery, Inc.
620 Sabal Palm Rd.
Miami, FL

Re: 2002 Uniform Business Report for Rehabilitation and Recovery, Inc.

Dear Mr. Green:

I enclose the notice of filing of the 2002 Uniform Business Report of the above-referenced corporation.

Please note that this report must be completed and filed by May 1, 2002 with a \$150 filing fee, payable to the Department of State, in order to maintain the existence of the corporation or else the corporation will be dissolved. The charge for filing after May 1, 2002 is \$550.

Instructions for completion of the Annual Report are printed on the back side of the form. If you have any questions or problems, do not hesitate to call me.

The most important details are to update the list of officers and directors, fill in the FEI number at Block 4, and to sign the signature section at Block 13 and file with the \$150 filing fee.

Important Note - Failure to file the Annual Report Form will result in dissolution of the corporation by the Secretary of State.

If you do not want to maintain the corporation, please sign below and fax to me and I will not send you subsequent notices.

Very truly yours,

/s/ Joel Bernstein
Joel Bernstein, Esq., P.A.

JB/jm
enc.

Abandon the corporation: _____
(signature)

Attachment
Document #
448314

July 8, 2002
620 Sabal Palm Rd.
Miami, FL 33137

To: Dept. of State
From: Dr. Barth Green
Re: Document # L48314

We just received the enclosed letter from our attorney stating that we need to file our Uniform Business Report by May 1, 2002. Since he mailed us the reminder letter + the form on July 2, 2002 - 2 months late - we were unfortunately unable to comply with the early reporting fee deadline. I am being hopeful by enclosing a check for the \$150 filing fee, that you will empathize with us + allow us to pay the early fee rather than the late fee. I am also changing the mailing address for sending me the yearly reports to my home address to avoid this problem in the future. If you need to reach me please call 305-573-0335. Thanks in advance for your consideration in this matter.

Sincerely,
Barth Green