2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90024 045 ***150.00

769806

DOCUMENT # P00000088728

1. Entity Name

HEALTH South Rehabilitation Center, INC

Principal Place of Business	Mailing Address
8600 S.W 159 pl Miami Fl. 33193	8600 SW/159 pl. Miami Fl 33193

2. Principal Place of Business	3. Mailing Address
4892 N.W 7 st	4892 N.W. 7st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl 33126	City & State: Miami Fl. 33126
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1040461 — 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
CANIZARES, ROY 8600 S.W 159 pl Miami Fl. 33193	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 ____________ DATE ____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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	
TITLE: PD NAME: CANIZARES ROY STREET ADDRESS: 8600 S.W. 159 pl. CITY-ST-ZIP: Miami Fl. 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/25/01 (305) 485-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR