

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90006 024 \*\*\*550.00

**DOCUMENT # P01000058447**  
 1. Entity Name  
**THERA-HEALTH REHAB CONSULTING/MARKETING INC.**

Principal Place of Business Mailing Address  
**13732 SW 103 TERRACE 13732 SW 103 TERRACE**  
**MIAMI FL 33186 MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**10113 SW 107 AVE 13732 SW 103 Jn**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**Miami FL. Miami FL. 651115107 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33176 Dade 33186 Dade**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**ZIMMETT, BLAIR I ESQ. 9200 SOUTH DADELAND BOULEVARD SUITE 308 MIAMI FL 33156**  
 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. I am familiar with, and accept the obligations of registered agent.

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

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MUJICA, GLORIA S</b>	NAME	
STREET ADDRESS	<b>13732 SW 103 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gloria S. Mujica* **GLORIA S. MUJICA** 8/6/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)