2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000043011 **DOCUMENT #**

1. Entity Name

SIGNATURE:

METRO INJURY & REHAB CENTER, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90206 011 ***150.00

Daytime Phone #



			100 W						
9050 PINES BOULEVARD 90 SUTIE 384 SL		Mailing Address 9050 PINES BOULEVARD SUTIE 384 PEMBROKE PINES FL 3302	9050 PINES BOULEVARD						
2. Principal Place of Business 797 BISCAYNE BLYD 1797 BISCAYNE Suite, Apt. #, etc. Suite, Apt. #, etc.				QV.	, 10211347 111 22112	OK HERE IF MAKING (! !!!!!	
SUITE 108 SUITE 108			X		4. CCI Number	 	ΠΔn	plied For	
City & State	ITURA FL	City & State - AUENTURA	FL		4. FEI Number 04-364	19975		ot Applicable	
3314	Country	Zip 33160	Country		5. Certificate of Status		8.75 Add ee Required		
	6. Name and Address of Current I				7. Name and Address	of New Registered A	jent		
			Name						
MILLER, BONNIE				Street Address (P.O. Box Number is Not Acceptable)					
9050 PINES BOULEVARD									
SUTIE 384	i talian in the second of the						+		
PEMBROKE PINES FL 33024					E 1811 - 123	FL	Zip Code	Э	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent a	no tite ii applicable. (NOTE:	negistared Agent signat	uie iequiieu	wilei Telifatatorg)				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Car Trust Fund 0	mpaign Financing Contribution.	\$5.0 Addec	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	0,0	P		Change	Addition	
NAME	SHAPIRO, GUY		NAME	SHAP	IAD, GOY				
STREET ADDRESS CITY-ST-ZIP	2540 N. STATE ROAD 7 H OLLYWOOD FL 330 21		STREET ADDRESS CITY-ST-ZIP	11797	1 BISCAYNE	3316D			
	D .	Delete	TITLE	0,5	NOURA, FL		Change	Addition 9	
TITLE NAME	LEWIN, ROBERT	LLI Delete	NAME	1843	IN, ROBERT				
STREET ADDRESS	2540 N. STATE ROAD 7		STREET ADDRESS	1297	I BISCAYUE	BLYD \$108)	İ	
CITY-\$T-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	ME	MTURA FL	33160			
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NAME			NAME						
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NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
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TITLE NAME		□ Delete	NAME				ondingo		
STREET ADDRESS			STREET ADDRESS						
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TITLE	<u>.</u>	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS		المنتوي المحاربين	STREET ADDRESS				,		
CITY-ST-ZIP	•		CITY-ST-ZIP						
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, t	true and accurate and that mo wered to execute this report a	w cionatiire chall f	YAVE THE S	same legal effect as it ma	ide under oath, that I ar	n an oπicer	or director 1	

SIGNATORE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR