## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#725328** 

Entity Name: PSYCHO-SOCIAL REHABILITATION CENTER, INC.

FILED Jan 28, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5711 S. DIXIE HIGHWAY SOUTH MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 5711 S. DIXIE HIGHWAY SOUTH MIAMI, FL 33143 FEI Number: 59-1466709 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTANA, PUBLIO M MATOS-LACASA, MARY R 5711 S DIXIE HWY 5711 S DIXIE HWY S. MIAMI, FL 33143 US S. MIAMI, FL 33143 US 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: MARY R. MATOS-LACASA 01/28/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VD () Change () Addition () Delete JUNG. PETER Name: Name: 14303 SW 80 AVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: KLOMPARENS, AL Name: Address: 9131 SW 19 ST Address: City-St-Zip: S. MIAMI, FL City-St-Zip: Title: CD () Delete Title: () Change () Addition BALDOR, LIDIA C Name: Name: 3601 SOUTH MIAMI AVENUE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: ( ) Delete Title: SD (X) Change ( ) Addition Name: SIBLEY, CURTISS Name: SIBLEY, CURTISS 5750 SUNSET DRIVE Address: Address: 5750 SUNSET DRIVE City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143 Title: () Delete Title: (X) Change ( ) Addition SANTANA, PUBLIO M SANTANA, PUBLIO M Name: Name: 5711 S DIXIE HWY 5711 S DIXIE HWY Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143 Title: () Delete Title: ( ) Change (X) Addition WIENER, HOWARD Name: Name: Address: Address: 5711 S DIXIE HWY SOUTH MIAMI, FL 33143 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PUBLIO M. SANTANA D 01/28/2002