2000 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # K04949** 1. Entity Name L'IMAGE PHYSICAL THERAPY AND REHABILITATION, INC 03-06-2000 90030 002 ***150.00 Mailing Address Principal Place of Business 9764 SW 148 CT 9065 SW 87 AVE MIAMI FL 33196-1616 SUITE 102 A0027199 **MIAMI FL 33176** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0019918 Not Applicable Country \$8.75 Additional Zip Country Zip 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASHMI NASIM, HASKMI Street Address (P.O. Box Number is Not Acceptable) 9764 SW 148 CT **MIAMI FL 33196** Zip Code City FI 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change. ☐ Delete TITLE TITLE HASHMI, NASIM NAME NAME STREET ADDRESS STREET ADDRESS 9764 SW 148 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete TITLE Change TITLE HASHMI, MARATIB NAME NAME 9764 SW 148 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL __ Change _ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

FILED