

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04949

1. Entity Name
L'IMAGE PHYSICAL THERAPY AND REHABILITATION, INC

Principal Place of Business

9065 SW 87 AVE
SUITE 102
MIAMI FL 33176

Mailing Address

9764 SW 148 CT
MIAMI FL 33196
US

2. Principal Place of Business

9380 SW 72 ST

3. Mailing Address

Suite, Apt. #, etc.
Suite B 222

Suite, Apt. #, etc.

City & State
mia - FL

City & State

Zip
33173

Country
U S

Zip

Country

4. FEI Number
65-0019918

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASIM, HASKMI
9764 SW 148 CT
MIAMI FL 33196

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASHMI, NASIM 9764 SW 148 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASHMI, MARATIB 9764 SW 148 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nasim Hashmi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NASIM - A HAS/hami

2 -02-01-305279-8157

Date

Daytime Phone #

CR2E034 (10/00)