

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90109 017 ****70.00

DOCUMENT # N09969

1. Entity Name

SPINAL CORD LIVING-ASSISTANCE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

240 EAST FIRST AVE
 STE 122
 HIALEAH FL 33010
 US

240 EAST FIRST AVE
 STE 122
 HIALEAH FL 33010-4972
 US

951504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2626198

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, PEDRO F.
240 E 1 AVE
STE 122
MIAMI FL 33010

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 _____

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PEDRO F.	
STREET ADDRESS	2 CIRCLE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	8540 SW 104TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANGELINA P.	
STREET ADDRESS	2 CIRCLE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARLADE, MARGARITA M.	
STREET ADDRESS	9010 SW 9TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto Martin	
STREET ADDRESS	250 E. Second Avenue, Apartment 204	
CITY-ST-ZIP	Hialeah, Florida 33010	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zenaida Fernandez	
STREET ADDRESS	815 Monterey Street	
CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andres Vasquez, M.D.	
STREET ADDRESS	9671 Fern Lane	
CITY-ST-ZIP	Miramar, Florida 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CP2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 _____ Pedro F. Rodriguez, President

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #