

200 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NA8000000480
 1. Entity Name
A + Quality Rehab Center, Inc.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90184 001 ****35.00
 05-05-2002 90184 002 ***150.00

Principal Place of Business Mailing Address

1150 N.W. 72 AVE.
Suite 720
Miami, FL. 33126

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0819550

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Xiomara Lee, P.A.

Name

Street Address (P.O. Box Number is Not Acceptable)

2380 S.W. 80 CT

City

Miami

FL

Zip Code

33155

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

Xiomara Lee

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

(NOTE: Registered Agent signature required when re-registering)

04-16-02

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 ☐ Delete
 NAME D. FREEMAN, ARNOLD
 STREET ADDRESS 1150 N.W. 72 AVE. # 720
 CITY-ST-ZIP Miami, FL. 33126

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D. FREEMAN, SUSAN
 STREET ADDRESS 232 HILLSPOINT RD
 CITY-ST-ZIP Westport, CT 06880

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D. PHEU, FRANCES
 STREET ADDRESS 9300 SUNRISE LAKE BLVD
 CITY-ST-ZIP SUNRISE, FL. 33322

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-02

Date

305-715-0433

Daytime Phone #

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

A + Quality Rehab Center inc
(present name)

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Article III: Change from Non-Profit to Profit

SECOND: The date of adoption of the amendment(s) was: immediately

THIRD: Adoption of Amendment (CHECK ONE)

☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.


Signature of Chairman, Vice Chairman, President or other officer

ARNOLD FREEMAN
Typed or printed name

President
Title

04-02-02
Date