

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91762 027 ***150.00

DOCUMENT # N98000001480 1. Entity Name A+ QUALITY REHAB CENTER INC.					
Principal Place of Business 1150 N.W. 72ND AVENUE, #720 MIAMI, FL 33126			Mailing Address % XOMARA LEE, P.A. 2380 S.W. 70TH LANE MIAMI, FL 33155		
2. Principal Place of Business		2. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0819550	
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	
FREEMAN, ARNOLD 2380 SW 80 CT MIAMI, FL 33155				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____					
FILE NOW - FEES \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FREEMAN, ARNOLD	NAME			
STREET ADDRESS	1160 NW 72 AVE #720	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FREEMAN, SUSAN	NAME			
STREET ADDRESS	232 HILLSPPOINT RD.	STREET ADDRESS			
CITY-ST-ZIP	WESTPORT, CT 06880	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PHEU, FRANCES	NAME			
STREET ADDRESS	9300 SUNRISE LAKE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33322	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 517, 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: <i>Arnold Freeman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>4/29/03</i> Date		<i>705-715-1433</i> Daytime Phone #	

CR2E037 (10/02)