

2002
2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000010522

1. Entity Name

PHYSICAL Rehabilitation Centers, Inc.

Principal Place of Business

Mailing Address

5159 S.W. 121ST TERR.
COOPER CITY, FL 33330

5159 S.W. 121ST TERR.
COOPER CITY, FL 33330

FILED
CLERK OF DISTRICT COURT
JAN 18 AM 11:10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12012 MIRAMAR PKWY
Suite, Apt. #, etc.

12012 MIRAMAR PKWY
Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number 65-0976901

Applied For

Not Applicable

Zip 33025

Country USA

Zip 33025

Country USA

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

LUIS ARAYA
5159 S.W. 121ST TERR.
COOPER CITY, FL 33330

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

(NOTE: Registered Agent signature required when reinstating)

DATE 12/19/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	5159 SW 121 ST TERR.	STREET ADDRESS	400004797464-3
CITY-ST-ZIP	COOPER CITY, FL 33330	CITY-ST-ZIP	-01/25/02--01029--002
			****300.00 ****300.00
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Araya

12/19/01 954-432-6829

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NOVEMBER 28, 2001

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: PHYSICAL REHABILITATION CENTERS, INC.

65-0976901

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED THE ANNUAL REPORT FOR CALENDAR YEAR 2001. IT WOULD CAUSE GREAT FINANCIAL HARDSHIP IF WE HAVE TO PAY THE PENALTY FOR NOT FILING. PLEASE FIND ENCLOSED A CHECK FOR \$150.00 WHICH SHOULD COVER THE ORIGINAL FILING FEE.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,



LUIS ANAYA, PRESIDENT