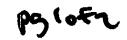
2001 UNIFORM BUSINESS REPORT (UBR)



 Entity Nar 	IMENT # <i>Poodoo</i>		25	
Physical Rehabilatation Centers, mc.				ALICH OF CORPORATION-
Principal Pla	ce of Business	Mailing Address		02 JAN 18 AM 11: 10
5159 S.W. 121St TERR. 5159 S.W. 121St TERR.				Will: 10
COOPER CITY, FL 33330 COOPER City, FL 33330				
2007270		cooper or y	, , , , , , , , , , , , , , , , , , , ,	
	Place of Business	3. Mailing Address		
12012 MINAMAR PKUY 12012 MINAM Suite, Apt. #, etc. Suite, Apt. #, etc.			BYLDR PKW	
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	M. FL	City & State MITAMAR	,FL	4. FEI Number 65 - 0976901 Applied For Not Applicable
zip 33の	2-5 Country	33025	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	<u>~ ~ </u>		7. Name and Address of New Registered Agent
-Luis Araya Name				
5159 5, W. 121 St TERR. Street Address ((P.O. Box Number is Not Acceptable)
Coope	ER City, FL 333.	30	City	FL Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of Registered agent are	If title if applicable. (NOTE	E: Registered Agent signature require	od when reinstating) 1319 101 OATE
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	Luis Anaya	Delete	TITLE	1000047374643
STREET ADDRESS	5159 SW 12155 7	TEAR.	NAME STREET ADDRESS	-01/25/0201029002
CITY - ST-ZIP	COOPER CITY, FL	33330	CITY-ST-ZIP	****300.00 ****300.00
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	dollas
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TITLE		□ Delete	TITLE	Change Addition
NAME			NAME	
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CITY-ST-ZIP	a getti , that the data	- m	CITY-ST-2IP	
of the cor	LER TOTS REDORT OF SUDDIEMENTALIZEDORE IS 17	ue and accurate and that mered to execute this report a	w signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: This I

12/19/01 954-432-6829

NOVEMBER 28, 2001

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

RE:

PHYSICAL REHABILATATION 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