

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011975

1. Entity Name

SOUTH DADE REHAB. INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90005 002 ***150.00

Principal Place of Business

10526 S.W. 127TH PLACE
MIAMI FL 33186

Mailing Address

10526 S.W. 127TH PLACE
MIAMI FL 33186

2. Principal Place of Business

10700 Caribbean Blvd

3. Mailing Address

10700 Caribbean Blvd

Suite, Apt. #, etc.

1 Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Miami, FL

City & State

Miami FL

Zip

FL 33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

65-0979970

Applied For

Not Applicable

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

GALVEZ, LISA

10526 S.W. 127TH PLACE

MIAMI FL 33186

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

Linda Galvez

3/19/01

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME BELL, HEATHER
STREET ADDRESS 12811 S.W. 115TH TERR.
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE VPD
NAME GALVEZ, LISA
STREET ADDRESS 10526 S.W. 127TH PLACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE STD
NAME GALVEZ, LISA
STREET ADDRESS 10526 S.W. 127TH PLACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 if 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

Lisa Galvez 3/19/01 305 251 7477

Date

Daytime Phone #

CR2E034 (10/00)