

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 004 ***150.00

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DOCUMENT # P00000036228

1. Entity Name

PROGRESS REHABILITATION, INC.



Principal Place of Business

10855 SW 72 ST.

24

MIAMI FL 33172

Mailing Address

1296 NW 159 LANE

PEMBROKE PINES FL 33028

11015986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0999127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TRUJILLO, ALFREDO

146-41 SW 52 STREET

MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Trujillo ALFREDO

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

147-21 SW 170 Terr.

City

MIAMI

FL

Zip

33187

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VASQUEZ, JAIME
1296 NW 159 LANE
PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

VP
TRUJILLO, ALFREDO
146 41 SW 52 STREET
MIAMI FL 33175

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

147 21 SW 170 Terr.
MIAMI, FL 33187

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☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-22-03 (305) 596-7396

Date

Daytime Phone #

CR2E034 (10/02)