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FILED
Aug 13, 2001 8:00 am
Secretary of State

04-26-2001 90294 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039179

1. Entity Name
ROSA REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
8746 S.W. 8TH STREET MIAMI FL 33174	8746 S.W. 8TH STREET MIAMI FL 33174

[redacted]

DO NOT WRITE IN THIS SPACE

Rosa Rehabilitation C.

2. Principal Place of Business	3. Mailing Address
8746 SW 8 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami FL	
City & State	City & State
Zip 33186 / Country	Zip / Country

4. FEI Number 65-1000727 — 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
ROSA, CARIDAD 8746 S.W. 8TH STREET MIAMI FL 33174	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 [signature] CARIDAD ROSA — 7-5-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CARIDAD ROSA Rosa Rehabilitation C 8746 SW 8 St Miami FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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 REQUIRED — 7/17/01 — (305) 220-1512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment DOC# P00000039179

TT4469

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 26, 2001

ROSA REHABILITATION CENTER, INC.
8746 S.W. 8TH STREET
MIAMI, FL 33174

Subject: **ROSA REHABILITATION CENTER, INC.**

Reference Number: **P00000039179**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Information needed has been written on the back Thank you

/DD
ANNUAL REPORTS SECTION