2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 04-09-2002 90738 002 ***150.00
P00000042293

02 APR 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0062049

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000042293

1. Entity Name SPINAL HEALTH & REHABILITATION CENTER OF HOMESTEAD, INC.

Principal Place of Business / Mailing Address
311 NE. 8th St. Suite 110
HOMESTEAD, FL 33030

2. Principal Place of Business	3. Mailing Address
HOMESTEAD, FL	
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc.
City & State	City & State
Zip 33030 — Country USA	Zip — Country

4. FEI Number 651003850 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILVER, THEODORE J.
1570 MADRUGA AVE #216
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
Name ~~DR. RAYMOND M. RUSZKOWSKI~~
Street Address (P.O. Box Number is Not Acceptable) ~~21360 SW 92 AVE~~
City ~~MIAMI~~ FL Zip Code ~~33189~~

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, 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: PRESIDENT NAME: RAYMOND M. RUSZKOWSKI STREET ADDRESS: 21360 SW 92 AVE CITY-ST-ZIP: MIAMI, FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VICE-PRESIDENT NAME: SHANE H. SILVER STREET ADDRESS: 2806 SEGOVIA ST. #2 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ 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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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] D.C. RAYMOND M. RUSZKOWSKI 4/1/02 305-247-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #