

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056821

1. Entity Name
MED PRO SPECIALIST REHABILITATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90005 016 ***150.00

Principal Place of Business

3443 S.W. 112TH CT.
MIAMI FL 33165

Mailing Address

3443 S.W. 112TH CT.
MIAMI FL 33165

2. Principal Place of Business

330 SW 27 AVE

Suite, Apt. #, etc.

401

3. Mailing Address

330 SW 27 AVE

Suite, Apt. #, etc.

401

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1015469

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

DE LA PAZ, MAYRA
3443 S.W. 112TH CT.
MIAMI FL 33165

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, 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PVST			<input checked="" type="checkbox"/>
	DE LA PAZ, MAYRA	3443 S.W. 112TH CT.	MIAMI FL 33165	
	PRESIDENT			<input type="checkbox"/>
	DE LA PAZ, MAYRA			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DE LA PAZ, MAYRA	330 SW 27 AVE SUITE 401	MIAMI, FL 33135		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)