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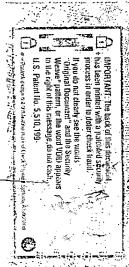
2001. UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am Secretary of State **DOCUMENT #** P00000059178 1. Entity Name 02-19-2001 90043 016 ***150.00 MIAMI HEALTH CARE THERAPY CENTER INC. Principal Place of Business Mailing Address 2955 SW 8TH STREET 2955 SW 8TH STREET STE 202 STE 202 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FUENTES, TEOBALDO** Street Address (P.O. Box Number is Not Acceptable) 13245 SW 253 TERRACE **MIAMI FL 33032** City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)TITLE ☐ Delete TITLE ☐ Change Addition NAME **FUENTES, TEOBALDO** NAME STREET ADDRESS 13245 SW 253 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33032 CITY-ST-ZIP ☐ Change Addition SVD ☐ Delete NAME FUENTES, JINA NAME STREET ADDRESS 13245 SW 253 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI FL 33032 CITY-ST-ZIP ☐ Change TITI F Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Addition TITLE ☐ Delete ⊂ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ceivel or justee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the eceivichanged, or on an attachment

Attachment

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