

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-04-2001 90123 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000064343** ✓
1. Entry Name
MIAMI MEDICAL AND REHABILITATION CENTER, INC

Principal Place of Business Mailing Address
**7019 SW 61 AVE
SOUTH MIAMI, FL 33143**

2. Principal Place of Business 3. Mailing Address
7019 SW 61 AVE Same
City & State City & State
SOUTH MIAMI FL SOUTH MIAMI FL

City & State Country
FL USA

4. FEI Number Applied For
65-1023994 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CRISTINA SUAREZ
7019-SW 61 AVE
SOUTH MIAMI, FL 33143**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. I, the above named entity, subscribe to the statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE **CRISTINA SUAREZ** **Cristina Suarez** 3/24/01
(Signature and printed name of the entity or its authorized representative) (Name, Title, and Date of Agent, if applicable, required when necessary)

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, 2001 Fee will be \$500.00
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 (If 11)	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	President SUAREZ, CRISTINA <input type="checkbox"/> Change	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	SECRETARY KADEL TORRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME TITLE STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 authorized officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I changed, or am a stockholder with an address, with an officer empowered.

SIGNATURE: **Cristina Suarez** 3/24/01 (305)662-1234
(Signature and Title or Printed Name of Agent, Officer or Director) (Phone Number)