

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90026 022 \*\*\*150.00

DOCUMENT # **P00000064343**

1. Entity Name  
**MIAMI MEDICAL AND REHABILITATION CENTER, INC.**

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

Mailing Address  
**7019 SW 61 AVE**  
**SOUTH MIAMI FL 33143**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-1023994</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |           |  |          |  |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent                                 |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>SUAREZ, CRISTINA</b><br><b>7019 SW 61 AVE</b><br><b>SOUTH MIAMI FL 33143</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|   |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

|                            |  |                                 |  |   |                              |  |  |
|----------------------------|--|---------------------------------|--|---|------------------------------|--|--|
| 11. OFFICERS AND DIRECTORS |  |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                              |  |  |
| TITLE NAME                 | <b>P/S SUAREZ, CRISTINA</b>            | <input type="checkbox"/> Delete |  | TITLE NAME  | <b>P/S SUAREZ CRISTINA</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | <b>4100 S. RED ROAD 7019 SW 61 AVE</b> |                                 |  | STREET ADDRESS  | <b>7019 SW 61 AVE</b>        |  |  |
| CITY-ST-ZIP                | <b>SOUTH MIAMI FL 33155 33143</b>      |                                 |  | CITY-ST-ZIP   | <b>SOUTH MIAMI, FL 33143</b> |  |  |
| TITLE NAME                 |  | <input type="checkbox"/> Delete |  | TITLE NAME  |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |                              |  |  |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |                              |  |  |
| TITLE NAME                 |  | <input type="checkbox"/> Delete |  | TITLE NAME  |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |                              |  |  |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |                              |  |  |
| TITLE NAME                 |  | <input type="checkbox"/> Delete |  | TITLE NAME  |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |                              |  |  |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |                              |  |  |
| TITLE NAME                 |  | <input type="checkbox"/> Delete |  | TITLE NAME  |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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 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: *Cristina Suarez* **2/6/02 (305) 662-1234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

CR2E034 (9/01)