

# 607 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065581

1. Name  
Miller Rehabilitation Center, Corp.

2. Place of Business Mailing Address  
5102 SW 56 ST. 15102 SW 56 ST.  
Miami, FL 33185-4072 Miami, FL 33185-4072

3. Principal Place of Business 3. Mailing Address  
807 SW 25th Ave 807 SW 25th Ave  
Apt. #, etc. Suite 302 Suite 302  
City & State City & State  
Miami FL Miami FL  
Zip Country Zip Country  
33135 US 33135 US

6. Name and Address of Current Registered Agent  
~~Baydes, Miriam~~  
~~15102 SW 56 ST.~~  
~~Miami, FL 33185-4072~~

7. Name and Address of New Registered Agent  
Name J. Everett Wilson, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2151 Le Jeune Rd.  
Mezzanine  
City Coral Gables FL Zip Code 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

8. Corporation is eligible to satisfy its intangible filing requirement and elects to do so.  
(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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	PT Baydes, Jase 13710 SW 32 ST. Miami, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ramos, Aida 807 SW 25th Ave Suite 302 Miami, FL 33135-4072 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ZIP	S Ramos, Priscilla 15173 SW 59 ST Miami FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200008484142--6 -10/21/02--01074--010 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

FILED

02 OCT 21 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)