

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 046 ***150.00

DOCUMENT # *P00000068373*

1. Entity Name

ADVANCE REHABILITATION CTR, corp



DO NOT WRITE IN THIS SPACE

11013902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8360 W. Flagler ST.</i>		3. Mailing Address <i>8360 W. Flagler ST.</i>	
Suite, Apt. #, etc. <i>STE 103</i>		Suite, Apt. #, etc. <i>STE 103</i>	
City & State <i>MIAMI, FL</i>		City & State <i>MIAMI, FL</i>	
Zip <i>33144</i>	Country <i>U.S.</i>	Zip <i>33144</i>	Country <i>U.S.</i>

4. FEI Number <i>65-1025555</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JUAN CARLOS TELLEZ - PD</i> <i>5443 SW 143 CT</i> <i>MIAMI, FL 33175</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>AMELIA LAMPAY - VPB</i> <i>5443 SW 143 CT</i> <i>MIAMI, FL 33175</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 *7862233420*
Date Daytime Phone #

CR2E034B (12/02)