2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

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Entity Name: MAIN MEDICAL & REHABILITATION CENTER, INC.

Current Principal Place of Business:

264 NW 86TH PLACE
MIAMI, FL 33126

New Principal Place of Business:

85 GRAND CANAL DR.
407
MIAMI, FL 33144

Current Mailing Address:

264 NW 86TH PLACE
MIAMI, FL 33126

New Mailing Address:

85 GRAND CANAL DR.
407
MIAMI, FL 33144

FEI Number: 65-1027229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, MARCIA
2500 SW 107 AVE SUITE 35
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

GARCIA, MARCIA
264 N. W. 86TH PLACE
MIAMI, FL 33126 US

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: MARCIA GARCIA 04/23/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARCIA, MARCIA
Address: 2500 SW 107 AVE SUITE 35
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: PADRON, JOHN J M.D.
Address: 264 N.W. 86TH PLACE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA, MARCIA
Address: 264 N. W. 86TH PLACE
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change ( ) Addition
Name: DEL CUETO, CARMEN
Address: 15121 S. W. 34 TERR.
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA GARCIA PD 04/23/2002
Electronic Signature of Signing Officer or Director Date