

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000072050

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: UNITED MEDICAL CARE REHABILITATION, INC.

**Current Principal Place of Business:**

6821 WEST HILLSBOROUGH AVENUE  
SUITE 14  
TAMPA, FL 33634

**New Principal Place of Business:**

3203 W. TAMPA BAY BLVD  
TAMPA, FL 33607

**Current Mailing Address:**

6821 WEST HILLSBOROUGH AVENUE  
SUITE 14  
TAMPA, FL 33634

**New Mailing Address:**

3203 W TAMPA BAY BLVD  
TAMPA, FL 33607

FEI Number: 59-3662268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MATTOS, KENNETH  
Address: 6821 WEST HILLSBOROUGH AVENUE SUITE 14  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MATTOS, KENNETH  
Address: 3203 W TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33607

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: KENNETH MATTOS

PSTD

04/30/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date