

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-05-2001 90329 004 ***150.00

DOCUMENT # P00000079605

1. Entity Name
COMPLETE MEDICAL REHAB & FAMILY CARE CENTERS, INC

Principal Place of Business
11348 QUAIL ROOST DRIVE
MIAMI FL 3157

Mailing Address
11348 QUAIL ROOST DRIVE
MIAMI, FL 3157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAND, CRAIG A ESQ
3995 N. MIAMI AVENUE #403
MIAMI FL 33137

Name **LUZ C. BOGANI**

Street Address (P.O. Box Number is Not Acceptable)

9361 S.W. 163 PLACE

City **MIAMI**

FL

Zip Code

33196

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Luz C. Bogani **PRESIDENT (Luz Bogani) 2/8/01**

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGANI, LUZ 11348 QUAIL ROOST DRIVE MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

Daytime Phone #

CR2E034 (10/00)