

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90045 044 \*\*\*550.00

**DOCUMENT # P00000094176**

1. Entity Name  
**WEST DIXIE REHAB. AND MEDICAL CENTER, INC.**

Principal Place of Business      Mailing Address  
**14908 WEST DIXIE**      **14908 WEST DIXIE**  
**MIAMI FL 33181**      **MIAMI FL 33181**

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 **65-1048592**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOISE, ARY**  
**14908 WEST DIXIE**  
**MIAMI FL 33181**

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 \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>HOSTY, ANDRE</b>	
STREET ADDRESS	<b>20761 NE 4 CT #204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MOISE, ARY</b>	
STREET ADDRESS	<b>5910 NE 6 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED *[Signature]*      8/13/02      947 2006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)