

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90050 004 ***150.00

0244183 AV

DOCUMENT # P00000100906

1. Entity Name
FLORIDA MEDICAL AND REHABILITATION CENTER, INC.

Principal Place of Business
7171 CORAL WAY SUITE 219
MIAMI FL 33155

Mailing Address
7171 CORAL WAY SUITE 219
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

417

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1049609**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EALARDI, ESIO F
7171 CORAL WAY SUITE 219
MIAMI FL 33155

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.

SIGNATURE

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

(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 \$150.00
After May 1, 2002 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

TITLE NAME	DP EALARDI, ESIO F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7171 CORAL WAY #219	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	DVP ENRIQUE, ALBERTO R	<input type="checkbox"/> Delete
STREET ADDRESS	7171 CORAL WAY #219-417	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	ESIO GALARDI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7171 CORAL WAY #417	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)