2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000100906

FLORIDA MEDICAL AND REHABILITATION CENTER

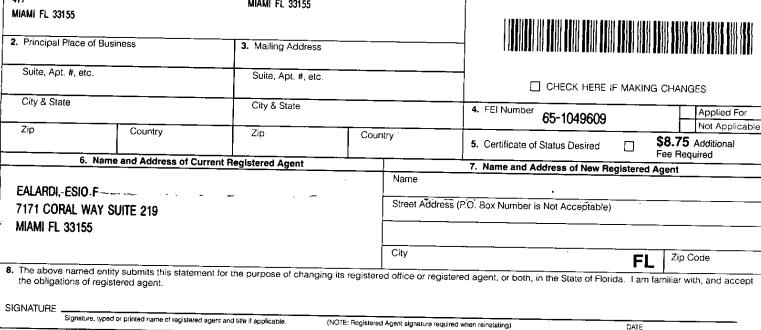


Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90678 024 ***150.00

FILED

Principal Place of Business Mailing Address			
7171 CORAL WAY SUITE 219 7171 CORAL WAY SUITE 219 417 MIAMI FL 33155			



FILE NOW!!! FEE IS \$150.00 After May 1, 2003: Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALARDI, ESIO F 7171 CORAL WAY #417 MIAMI FL 33155	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	□ Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENRIQUE, ALBERTO R	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-STEZIP	THE STATE SHAPE WITH SET	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE:

Daytime Phone #